



# Westside Timbers Soccer Club

# RELEASE FORM

Updated: 9.2017

First \_\_\_\_\_ Last \_\_\_\_\_ Male  Female

Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_ TRIAL DATE: \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

### Parent/Guardian #1 Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies & Medical Concerns: \_\_\_\_\_

### CONSENT TO PLAY:

I (PLEASE PRINT) \_\_\_\_\_ as parent/guardian do hereby give my permission for all medical care prescribed by a duly licensed doctor of medicine for my dependent. This care may be given under whatever conditions are necessary to preserve life, limb or well-being for my dependent. **I also agree to pay club fees as posted on our website ([www.westsidetimbers.org](http://www.westsidetimbers.org)) if placed and accepted on a Westside Timbers team or in the Development Program (WDP).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relation to player:  Father  Mother  Guardian



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