



WIN 2019 Soccer Tournament

March 16 & 17, 2019

WESTPORT SOCCER ASSOCIATION

PO Box 2561 – Westport, CT 06880

203-221-9900

www.westportsoccer.org



RELEASE & MEDICAL AUTHORIZATION

Release: I, the undersigned, am the parent or legal guardian of the registrant, a minor, and hereby agree that the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. I recognize that soccer is a rigorous sport and the possibility of physical injury exists for participants in games, tournaments, practices and clinics. In consideration for the USYSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including team coaches, game officials, and the owners of the fields and facilities utilized for "the Programs," against any claim by or on behalf of the registrant, as a result of the registrant's participation in "the Programs" and/or being transported to/from the same, which transportation I hereby authorize.

Medical authorization I, the undersigned, am the parent or legal guardian of the registrant, a minor, and do hereby give my permission for the registrant to receive any and all medical treatment, assistance, or care administered by any duly licensed physician or hospital in the event of an injury, accident or sickness while he/she is being transported to, or is attending or participating in any game, practice, clinic or other event conducted or sponsored by the USYSA or its affiliated organizations, until such time as I may be contacted. I also hereby assume the responsibility for the payment of any such treatment.

CONCUSSION AWARENESS: I have read the HeadsUp Concussion Fact Sheet for parents found on [www.westportsoccer.org> tournament tab and \(https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf](https://www.westportsoccer.org> tournament tab and (https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf)

Please complete and print the following:

First and Last Name _____

I confirm that MY CHILD, the registrant, _____, is covered by a

MEDICAL INSURANCE POLICY (provider & number) _____

CHILD'S PHYSICIAN Information: Name: _____

Child' Physician Phone: _____

Child's known allergies or special needs: _____ DOB: _____

School (2018/19) _____ Grade: _____

TEAM AGE GROUP: U _____ BOYS or GIRLS? _____

TEAM NAME: _____

CLUB NAME: _____

Code of conduct: I certify that both I and my child have read, understood and agree to abide by the rules and regulations stated in the WSA Code of Conduct for Players and Parents. We understand we are bound to all decisions and impositions of these rules. I, the undersigned, have carefully read the foregoing releases, authorizations and conduct rules and understand the content thereof. It is with the spirit of cooperation for the betterment of the WSA program and my child's participation in it that I willingly sign below.

Parent signature _____ Date: _____

Print Name (first & last name): _____

Address: (street) _____ Town _____ State _____

Parent/Guardian Contact Phone: _____

Email: _____

PLEASE UPLOAD THIS FORM TO your GOT SOCCER WIN 2019 team account under the "Documents" tab. Any questions, contact registrar@westportsoccer.org