

CWSA Medical Release Form

NOTE: To be carried by any Regular Season or tournament team Manager together with team roster or eligibility affidavit.

Player: _____ **Date of Birth:** _____

Parent or Guardian Authorization In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Address: _____ Phone: _____

Hospital Preference: _____

In case of emergency contact _____ Phone: _____ Relationship: _____

Insurance Carrier: _____ Group ID #: _____ ID#: _____

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder)

<u>Medical Diagnosis</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
_____	_____	_____	_____
_____	_____	_____	_____

Date of last Tetanus Toxoid Booster: _____

Authorized Parent/Guardian Signature *Mr./Mrs./Ms.* _____

Parents Contract / Code of Conduct

I/We _____ the proud parent(s)/Guardian(s) of _____ of Northeast Club CWSA do hereby promise to be a model spectator(s) at games which my/our son/daughter is a participant or other games where they are present with me/us.

- I/We will:**
1. Encourage fair play.
 2. Cheer in a positive manner for all players.
 3. Not criticize the opponents of our children.
 4. Not embarrass my own child(ren) with my behavior.
 5. Let the coach do the coaching.
 6. Show respect for the game officials by not openly or otherwise criticizing them, which would undermine their authority in the eyes of my/our child(ren).
 7. Display good sportsmanship.
 8. Remember the pre-game talk with your child(ren), "Have fun and good luck."
 9. Remember the post-game talk with your child(ren), "Great game. It was fun to watch you play."

I/We understand the coach(es), other parents of this team and/or the Club will hold us accountable for our actions and behavior.

Signed _____ Date _____

Silent matches are