



WEST MARIN COMPETITIVE SOCCER CLUB
Competitive Soccer and Player Development
Serving the Communities of San Anselmo,
Fairfax, Nicasio, the San Geronimo Valley, Point Reyes, Bolinas & Stinson Beach



TRYOUTS MEDICAL RELEASE FORM

TEAM: _____

PLAYER INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Birthday: _____ email: _____

Last Team: _____ Last Coach: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent or Guardian

X _____

Address (if different from above): _____

City: _____ State: _____ Zip _____

Home Phone # _____ Work Phone # _____