

# West Geauga Recreation Council Medical Release

**Complete and give to coach at first practice. PLEASE PRINT!**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age on 8/1/2015 \_\_\_\_\_ Grade (in September) \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone \_\_\_\_\_

(Other than parent)

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle **yes** or **no**. If yes to any questions, please provide a brief description. For a longer explanation, use the back of this form.

NO YES Is the child on any medication? \_\_\_\_\_

NO YES Will the child need to take the medication during a WGRC Program? If yes, discuss with coach.

NO YES Does the child have any allergies? \_\_\_\_\_

NO YES Does the child have a heart condition? \_\_\_\_\_

NO YES Is the child prone to seizures or convulsions? \_\_\_\_\_

NO YES Does the child have asthma? If so, does he/she know how to use his/her inhaler? Yes No

NO YES Does the child have physical or mental disabilities that would require special attention?

NO YES Are there any other physical or behavioral conditions that may affect or limit full participation in soccer activities? \_\_\_\_\_

**Waiver and Permission:** (Valid from 8/1/2015 to 7/31/2016) I certify that I am the parent (guardian) of the child named above. In that capacity, I give permission for the child to participate in the Soccer Program(s) of the West Geauga Recreational Council (WGRC). I also save and hold harmless the WGRC, its employees, and volunteers from and against all claims arising out of damage to property or injury to person(s) associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our \_\_\_\_\_ family or \_\_\_\_\_ school insurance (please check one).

**The West Geauga Recreational Council (WGRC) reserves the right**, at its sole opinion and discretion to suspend or terminate, without refund, the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, and any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of its programs. \*\*\* Participants must respect others and use appropriate language or be subject to removal.

**Photo Authorization:** I hereby authorize the WGRC, its agents and employees to use the photographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials.

Per ORC 3707.52 as enacted by Ohio HB 143 of the 129th General Assembly, the Ohio Department of Health (ODH) is required to create a concussion and head injury information sheet for participants in interscholastic activities and youth sports. **WGRC recommends all parents are familiar with concussion symptoms. For more information, visit <http://www.healthyohioprogram.org/concussion>**

Please initial if you agree to all of the above. \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name of Parent/Guardian** \_\_\_\_\_