

WAZA Futsal

Tyee Middle School Community Gym 13630 SE Allen Rd, Bellevue, WA 98006

PLAYER INFORMATION AND MEDICAL RELEASE FORM

Player's Name _____ Date of Birth _____

Parent/Guardian Name _____ Email Contact _____

Address _____

City _____ St _____ Zip _____

☐ Block of 6 Sessions- \$250 (Fridays: 6:05pm – 7:20pm)

☐ Block of 6 Sessions- \$250 (Fridays: 7:25pm – 8:40pm)

☐ Block of 10 Sessions- \$385 (Fridays: 6:05pm – 7:20pm)

☐ Block of 10 Sessions- \$385 (Fridays: 7.25pm – 8.40pm)

Payment Method:

☐ Venmo- [wzasoccer88](#) ☐ Cash/ Check

☐ Zelle- wzasoccerdevelopment@gmail.com

** Block of sessions can be used like a punch card meaning players can make up a missed class on one of the following Friday classes. All classes must be completed by April 2026

** Payments should be made prior to first class with the registration form handed in at first class or emailed.

Email Contact: wzasoccerdevelopment@gmail.com

EMERGENCY INFORMATION

Parent/Guardian Name _____ H () _____ C () _____

Parent/Guardian Name _____ H () _____ C () _____

In an emergency when parent/guardian cannot be reached, please contact:

Name _____ Relationship to player _____ H () _____ C () _____

Name _____ Relationship to player _____ H () _____ C () _____

Allergies _____ Date of last tetanus shot _____

Other medical conditions _____

Regular medications _____

Player's Physician Dr. _____ Phone () _____

Medical and/or Hospital Insurance Co. _____ Phone () _____

Policy Holder _____ Policy # _____ Group # _____

PARENT/GUARDIAN APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at an event, and in consideration for

WAZA Soccer and its coaches Derek Robson, Tariq Walcott and affiliates accepting the player named above ("player") for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Waza Soccer, Derek Robson, Tariq Walcott and other volunteers/coaches, affiliated organizations and sponsors, and their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the player as a result of the player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter/ward has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my son/daughter/ward with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent Guardian

Date