

# Soccer Training Academy LLC

## MEDICAL RELEASE FORM

soccertrainingacademy.org

Player's Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian Name(s): \_\_\_\_\_

Phone #s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Years Playing Soccer: \_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_

Club Team Name: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Coaches Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Plan/Policy #: \_\_\_\_\_

Known Allergies/Health Concerns: \_\_\_\_\_

(include medicine, food, diabetic, asthma, seizure disorder, bee stings, etc.)

Current Medications: \_\_\_\_\_

(or any related information that would assist in safe treatment)

I hereby permit my child to participate in all Soccer Training Academy LLC ("STA") clinics/camps. I understand and fully accept that there are risks involved in all sports, and that accidents along with injuries are common and are ordinary occurrences when playing soccer. **Release.** I hereby release and hold harmless STA, it's coaches, employees, agents, staff volunteers and owners ("Released Parties") from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from any reason, including the negligence or other acts of any of the Released Parties in connection with my child's participation. I further agree to indemnify and hold forever harmless the Released Parties against all losses, including all medical expenses, counsel fees and court costs, from any and all claims made against it by any party as a result of my child's actions, negligent or intentional, which may result in injury or loss to another participant, spectator or other person.

**In case of medical emergency,** I grant permission to any licensed physician or emergency personnel, as well as to the coaches and staff volunteers of STA, to perform or provide medical care or aid as they deem necessary in order to treat my child for any injury he/she may sustain, including emergency transportation and ordering x-rays. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility.

**Miscellaneous:** I have read and fully understand and agree with all answers related to, but not limited to, the frequently asked questions (FAQs) listed on STA's website (soccertrainingacademy.org).

Parent/Guardian/Player (if over 18) Name: \_\_\_\_\_

Parents /Guardian/Player (if over 18) Signature: \_\_\_\_\_

Date: \_\_\_\_\_