

Medical Form & Liability Release



Eurotech® Soccer Academies Inc.

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This Medical Form & Liability Release must be completed by Parent/Guardian in order to participate!

A. STUDENT INFORMATION

Participant's Name: _____ SS#: _____ DOB: ____ / ____ / ____
Address: _____ Persons Having Legal Custody of Child: Mother Father Other
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____ Male Female
Site / Location: _____ Date(s) of Program: _____ Residential/Overnight: Yes No

B. EMERGENCY CONTACT INFORMATION

Please provide the name, relationship to the participant, and phone numbers of up to three adults that we can contact if necessary. If multiple phone numbers are available, please list all essential numbers.

Parent/Guardian's Name(s): _____ Relationship to Player: _____
Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____
Parent/Guardian's Name(s): _____ Relationship to Player: _____
Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____
Parent/Guardian's Name(s): _____ Relationship to Player: _____
Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____

C. HEALTH HISTORY (To be completed by Parent/Guardian. Please check all that apply.)

- Epilepsy Heart Murmur Chicken Pox Fainting Spells Asthma Severe Headaches
 Measles Shortness of Breath Diabetes Severe Dizziness Scoliosis Other

Date of Last Tetanus Shot: _____ (Month/Year) Allergies (insect bites, food, medications, substances, etc.) _____

Recent Surgeries _____

Comments/Instructions _____

Does the participant have any medical, orthopedic, or emotional condition that we should be aware of? YES NO

If yes, please indicate nature of condition: _____

Do you give permission for your participant to take over-the-counter pain medication? YES NO (Please complete Page 2 if applicable)

If yes, please indicate appropriate brands (Advil, Tylenol, Aspirin, etc.) _____

Medical Insurance Company: _____ Group #: _____

Insurance Carrier: _____ Policy #: _____

D. CONSENT FOR MEDICAL TREATMENT/LIABILITY RELEASE

Soccer is at times a physical, contact sport. As the parent or guardian of the participant enrolled in Eurotech® Soccer Academy, I understand that these programs, activities, games and training elements are hazardous by nature and I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Eurotech® Soccer Academies Inc., directors, employees and coaching staff from any claim, suit, demand or action arising in connection with the player's participation.

I also hereby certify that the above mentioned participant is in good health and has my permission to participate in this program. I consent to have the Administrator's of Eurotech Soccer Academies Inc. act in my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse or hospital. **All participants must have their own personal medical coverage.** Eurotech® only provides excess insurance coverage (does not cover deductibles) after your medical insurance policy has been utilized.

If the participant requires medical attention, every effort will be made to contact the participant's parents, guardians or emergency contacts. In the case of an emergency, the participant will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the participant. I waive any liability or accountability to Eurotech® Soccer Academies Inc. for the quality or cost or medical services provided. The participant's parent or guardian is responsible for any property damage caused by the participant. If a player's property is lost or stolen, Eurotech® Soccer Academy will make every effort to locate it. However, Eurotech® Soccer Academy accepts no responsibility for the loss or damage to a participant's property.

I give permission to Eurotech® Soccer Academies Inc. to use the participant's photo or likeness in promotion of Eurotech® Soccer Academy in printed or Digital media. I renounce any claims upon Eurotech® Soccer Academies Inc. for reimbursement for use of this material. My child is in good health and this statement is offered in lieu of a Doctor's health certificate. **Participants will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.**

I have read and accept Eurotech® Policy Statements

Signature of Parent or Guardian: _____ Print Name: _____ Date: ____ / ____ / ____



Medication Dispensing Authorization

I hereby certify my child is taking medication (either prescribed by a physician or over-the-counter) while attending camp. No medication may be kept by the player or self-administered. At camp registration, all medications will be collected by the Athletic Trainer/Camp Director and provided to the player for administration as needed.

Participant's Name: _____

Parent or Guardian: _____ Relationship to Participant: _____

Phone Numbers: Day: (____) _____ Evening: (____) _____ Cell: (____) _____

Medications

	Medicine #1	Medicine #2	Medicine #3
Name:	_____	_____	_____

<p>Camper Name: _____ DOB: _____</p> <p>I hereby give my permission for the following medications to be administered to my child by a Eurotech® Athletic Trainer/Camp Director in accordance with the instructions given.</p> <p>Signature of Parent or Guardian: _____ Date: _____</p>

Doctor's Phone: _____

Other Instructions: _____

Remarks: _____
