

# AWS Soccer Academies Medical Form

## Personal Information:

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information:

Please describe any medical conditions that might interfere with your full participation in the Academy (i.e. diabetes, asthma, etc.). \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies (i.e. food, insect, drug, etc.). \_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking. \_\_\_\_\_  
\_\_\_\_\_

## Insurance Information:

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

## Release:

I, the parent/guardian of \_\_\_\_\_ (the "Participant"), hereby certify that the Participant is in good health and has no physical or other conditions that affect Participant's ability to fully participate in AWS Soccer Academies (the "Program") and have not been advised otherwise by a medical practitioner. I understand that there is a risk of injury to the Participant as a result of her participation in the Program, and I knowingly and voluntarily assume all risk of such injury. I authorize emergency medical treatment deemed necessary by medical personnel if Participant is not able to act on her own behalf. I hereby waive and release AWS Soccer Academies, LLC and staff from any liability for any injury or illness incurred while at the Program. I will be financially responsible for any medical attention needed during the Program or resulting from an injury received at the Program. My medical insurance coverage shall be the insurance coverage for any medical treatment.

**BY SIGNING BELOW, I HAVE READ AND UNDERSTAND THIS RELEASE AND I HAVE VOLUNTARILY SIGNED IT. I AGREE THIS RELEASE IS NOT ONLY BINDING ON ME BUT WILL ALSO BE BINDING UPON MY PERSONAL REPRESENTATIVES, EXECUTORS, HEIRS, AND ASSIGNS.**

Parent/Guardian Name: \_\_\_\_\_

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