

Medical Release Form

Goalkeeper Style Academy

Player Information

First Name: _____ Last Name: _____

Street Address: _____ apt: _____

City: _____ State: _____ Zip: _____

Parent Information

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Health History

Sex: _____ M/F DOB: _____ Age: _____

Height: _____ Weight: _____

Seizure Disorder Asthma Allergy

Orthopedic Injuries or Disorder:

Drug Sensitivity or Allergy:

Chronic Medical Problems:

Other Health Issues:

Medical Information

Name of Family Physician: _____ Phone: _____

Medical Insurance Company: Policy #: _____

Emergency Contact

Name Relationship Phone/cell _____

Name Relationship Phone/cell _____

Parent or Legal Guardian Must Complete the Following

I hereby certify that the above player is in good health and fully able to participate in all the activities associated with Goalkeeper Style Academy. I agree that Goalkeeper Style Academy and its directors will not be held responsible for any accident or loss to the participant however caused and hereby release Goalkeeper Style Academy from all claims or damages which may arise from any accident or loss.

I consent to have the administrators of Goalkeeper Style Academy act on my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse, or hospital.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date