

Medical Information & Liability Release

Eurotech® Soccer Academies Inc.

National Office: 11815 Fountain Way, One City Center Suite 300 • Newport News, VA 23606 USA
Toll Free: 1-800-679-9830 • Phone: (757) 595-1000 • Fax 24-hours: (888) 370-2190



Site / Location _____

Date(s) of Camp _____

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

A. CAMPER 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

B. EMERGENCY CONTACT INFORMATION

Please provide the name, relationship to the player, 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 player 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 player to take over-the-counter pain medication at camp? 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 player enrolled in Eurotech® Soccer Academy program, 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 administrators 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 campers must have their own medical coverage.** Eurotech® only provides excess coverage (does not cover deductibles) after your insurance policy has been utilized.

If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Eurotech® Soccer Academies Inc. for the quality or cost of medical services provided.

The player's parent or guardian is responsible for any property damage caused by the player. 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 player's property.

I give permission to Eurotech® Soccer Academies Inc. to use the player's picture or likeness in promotion of Eurotech® Soccer Academy in printed or electronic 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. **Campers 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: ____ / ____ / ____



Please check which program your child is registered for:

- Residential
- Extended Day
- Full Day
- Junior Residential
- Junior Day
- Two-Week Academy
- International Academy

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.

Player's Name: _____

Camper Name: _____	DOB: _____
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.	
Signature of Parent or Guardian: _____	Date: _____

	Medicine #1	Medicine #2	Medicine #3
Name:	_____	_____	_____
Dosage:	_____	_____	_____
Hours to be taken:	_____	_____	_____

If the medication is prescribed by a doctor:

Date Prescribed:	_____	_____	_____
Doctor:	_____	_____	_____
Doctor's Phone:	_____	_____	_____

Other Instructions: _____

Remarks: _____

