

Jeremy Beardsley Soccer Academy

www.BeardsleySoccer.com

Winter Technical School

Parental Consent Form

The following form is used to provide information to aid in any event of a medical emergency. Please fill out the form neatly and fully. **PLEASE PRINT.**

Name

Guardian's Name/Relationship

Allergies

Present Medications

Relevant or Recent Illnesses or Injuries

EMERGENCY CONTACTS

Father's Name

Home Phone

Work Phone

Mother's Name

Home Phone

Work Phone

Other Contact/Relationship

Home Phone

Work Phone

Insurance Company

Group#

Policy#

Phone

MEDICAL RELEASE

My child is in good health and has my permission to participate in player training. He/she has no previous illness or bodily injury which will keep him/her from participating in the sport of soccer. Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions and even death. I authorize the nurses, doctors, trainers and emergency personnel to administer First Aid or care as deemed necessary. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Jeremy Beardsley and the Jeremy Beardsley Soccer Academy, L.L.C., its staff, officers, agents, representatives, employees, successors, and assigns to and from any and all rights and claims for damages to person and property activities, or while partaking in training at any site.

Parent or Guardian's Signature Date