

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Player's Name:	Date of Birth: Gender:			
Address:	City: _		State:	_ Zip:
Emergency Information	n:			
Father's Name:	Н	ome/Cell Phone:		
Mother's Name:	Но	ome/Cell Phone:		
In an emergency, when	parents cannot be reached,	please contact:		
Name:	Hom	e/Cell Phone:		
Allergies:				
Other Medical Conditio	ns:			
my child as a player in the consent to my child partic 11 Academy, its affiliated volunteers, including the comy player as a result of my player as a result of my child has received a playerticipating in the sport of and attached hereto, setti my child has or that may it training and/or licensed my child has or that may it training and/or licensed my child has or that may it training and/or licensed my child has or that may it training and/or licensed my child has or that my it training and/or licensed my child has or that my it training and/or licensed my child has or that my it training and/or licensed my child has or that my it training and/or licensed my child has or that my it training and/or licensed my child has or that my it training and/or licensed my its affiliated would have a second my in the second	ey of injury or illness, and in content of soccer programs and activities organizations and sponsors, its owner of fields and facilities utility child's participation in the Proposition of the provided writtens of soccer. I have provided writtens for the any specific issue, content of the reasonable cost of all there are inherent risks and day my child to participate in soccession to Next 11 Academy to us ardian	s for Next 11 Academy a er, I hereby release, disch s employees, coaching s lized for the Programs, a ograms and/or being tran ed medical doctor and h en notice, which is submandition, or ailment, in add in the Programs. I give n my child with medical as my such assistance and/ angers associated with n cer and related activities	and its mem narge, and contacts, associated against any nsported to nas been for nitted in contacts in consent assistance are for treatment by child's passis as contem	otherwise indemnify Next interwise indemnify or on behalf of or from the Programs. The programs of the Pr

