



Wildcat Medical Release Form

The following should be completed:

Participant's Name: _____ Birth date: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Sex: _____ Height: _____ Weight: _____

Seizure Disorder: _____ Asthma: _____ Allergy: _____

Orthopedic Injuries or Disorder: _____ Drug Sensitivity or Allergy: _____

Chronic Medical Problem: _____

Name of personal physician: _____ Phone: _____

A parent or legal guardian should complete the following.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all the activities of the Wildcat Soccer School. I agree that the Wildcat Soccer School and its Directors will not be held responsible for any accident or loss to the participant however caused and hereby release the Wildcat Soccer School from all claims or damages which may arise from any accident or loss.

I consent to have the administrators of the Wildcat Soccer School 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.

Parent's or Guardian's signature: _____

Medical Insurance Company and Policy Number: _____

Comments regarding special problems: _____

In case of an emergency, call be during the day: _____ Evening: _____

Home Phone _____ Cell Phone # _____

Email _____