

Medical Release Form

Upper 90 Soccer Clinic

This form is to be filled out and returned to the Upper 90 staff before the Clinic starts. The undersigned parent states that his/her son/daughter has had a complete physical within the last calendar year and that this is on file at the child's school or at the doctor's office. By signing this form the parent acknowledges that their child is physically able to perform all physical activities that are required for participation in the Soccer Clinic. Upper 90 and all members of the Soccer Clinic shall not be held responsible for any physical ailments that are not declared prior to the beginning of the Clinic. Please list any Medical Conditions, Allergies or impairments that the staff should be aware of _____

I do hereby give permission for the below named camper to receive medical treatment and transportation in case of an emergency.

Camper's Name _____
Parent's Name (Please Print) _____
Parent's Signature _____
School _____
Coaches Name _____
Family Physician _____
Emergency Contact _____
Emergency Phone Number (____) _____
Insurance Company _____
Policy Number _____ Group Number _____
Pre-certification Phone Number (____) _____