



**Carolina Elite Soccer Academy
(CESA)
2004 - 2005
Medical Release Form**



PLAYER'S FULL NAME: _____ BIRTHDATE: _____
(LAST / FIRST / MIDDLE) (MM / DD/ YY)

ADDRESS: _____ PHONE: _____
(STREET / CITY / ZIP)

PARENT'S WORK PHONE: _____ / _____
(MOTHER) (FATHER)

PARENT'S NAMES: _____ (MOTHER) _____ (FATHER)

EMERGENCY CONTACT OTHER THAN PARENTS: _____

PHONE: _____ / _____ RELATIONSHIP: _____

PLAYER'S PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____ / _____ DATE OF LAST TETANUS SHOT: _____

IS PLAYER ALLERGIC TO ANY MEDICATION? YES _____ NO _____

IF SO, LIST: _____

DOES PLAYER SUFFER ANY AILMENT SUCH AS HEART CONDITION, DIABETES, ASTHMA, ETC?

YES _____ NO _____

IF SO, LIST: _____

IS PLAYER TAKING ANY MEDICATION AT PRESENT? YES _____ NO _____

IF SO, LIST: _____

HAS PLAYER SUFFERED ANY SERIOUS INJURIES OR SICKNESS IN THE PAST? YES _____ NO _____

IF SO, LIST WITH DATES: _____

MEDICAL INSURANCE COMPANY: _____ POLICY/GROUP NUMBERS: _____

Recognizing the possibility of physical injury, I grant my child's coach or team manager permission to act as my agent for my child in the area of obtaining medical treatment by a doctor or medicine or dentistry. I also assume the financial responsibility for any and all medical or dental treatment for my child. The above information pertaining to my child is true and correct to the best of my knowledge. Therefore, I hereby release, discharge, and/or otherwise indemnify Carolina Elite Soccer Academy (CESA) against any claim by or on behalf of the player as a result of the player's participation in CESA programs. My child has received a physical examination by a physician and has been found physically capable of participating in the CESA soccer programs.

Signature of Parent or Guardian

Sworn to and subscribed before me,
this _____ day of _____, _____

Date: _____

Signature of Notary Public

Commission expires: