

Anthony Sherwood Elite Football Academy
Player Medical Release Form

Player's Full Name: _____

Date of Birth: _____(dd)/ _____(mth)/ _____(yr)

Address: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy No.: _____ Group No.: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognising the possibility of physical injury associated with football and in consideration for the Anthony Sherwood Elite Football Academy and its affiliates accepting the registrant for its football programmes and activities (the "Programmes"), I hereby release, discharge and/or otherwise indemnify the Anthony Sherwood Elite Football Academy, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programmes against any claim by or on behalf of the registrant, as a result of the registrant's participation in the Programmes and/or being transported to or from the same, which transportation I hereby authorize.

My child has received a physical examination by a physician and has been found physically capable of participating in the Programmes. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian: _____ Date: _____