

one. Soccer school player medical questionnaire

To be completed for the player by a parent or guardian

Players Full name:	Age:	DOB:	Male / Female:
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Medical History

Please note any injuries sustained in the last 4-weeks?

(Please Circle)

Has your child sustained a concussion in the last 8-weeks? YES NO

If yes, please complete the following questions:

(Please Circle)

Did they see a registered Doctor / professional	YES	NO
Did they require a CT Scan	YES	NO
Have they been given the 'green light' to participate in sports	YES	NO

Does your child suffer from any medical condition, which may affect his/her performance while in attendance at one. Soccer? (Please note failure to answer this question could affect the overall experience for the player, but more importantly place them in undue harm)

YES NO (Please Circle) *If Yes please explain below*

(Please Circle)

Is your Child currently taking any medication? If yes please list all medications YES NO

(Please Circle)

Does your Child suffer from any allergic reactions or minor allergies? YES NO

If yes please explain below

(Please Circle)

Is your child Asthmatic? YES NO

<i>Signed by parent/guardian:</i>	<i>Print Name:</i>	<i>Date:</i>
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Release of Liability and Medical Treatment Consent

To be completed for the player by a parent or guardian

Players Full name:	Age:	DOB:	Male / Female:
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I have enrolled the above-named child ("Child") in the one. Soccer Schools' program ("Program"). I understand the Child's participation in the Program involves exposure to the inherent risks of soccer that cannot be eliminated. I also understand that the Child's participation in the Program may involve a potential risk of injury. The risks include but are not limited to those caused by the playing surface, the equipment used, and the actions of other people including but not limited to other participants in the Program.

Individually and as the parent or guardian of the Child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including all risks associated with soccer or using equipment intended to improve or enhance the Child's soccer skills.

Despite my understanding of the foregoing risks, I, individually and as the parent or legal guardian of the Child, AGREE TO NOT SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS one. Soccer Schools, its Board of Directors and representatives, employees and agents for any damage or injury arising out of the Child's participation in the Program regardless of cause, including NEGLIGENCE.

I understand that the foregoing is a LIABILITY RELEASE that is legally binding on me, the Child, our heirs and our legal representative and I sign it of my own free will. I furthermore acknowledge that the foregoing is binding for all one. Soccer Schools events.

Also, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb and/or well-being of my Child.

Signature of parent/guardian:	Print Name:	Date:
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Insurance Carrier:	Policy Number:
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Emergency Contact Information:

Full Name:	Contact Cell Number:
Full Name:	Contact Cell Number: