



Brazilian Art Soccer Training
PO Box 1722
Merrimack NH 03054
www.basoccertraining.com
Tel: 603.557.4362

MEDICAL RELEASE FORM

Please fill in this form completely.

Participant's Name: _____ Birthdate: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Seizure Disorder: _____ Asthma: _____ Allergies: _____

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

Chronic Medical Problems: _____

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 Brazilian Art Soccer Training. I agree that Brazilian Art Soccer Training and its Directors and Trainers will not be held responsible for any accident or loss to the participant however caused and hereby release Brazilian Art Soccer Training from all claims or damages which may arise from any accident or loss.

I hereby grant to Brazilian Art Soccer Training the right to use and publish photographs taken during the camp, clinic, or other training session of the above-mentioned Participant for editorial, advertising and web use.

I consent to have the administrators of Brazilian Art Soccer Training 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 or Guardian's Signature _____ Print Name _____

Medical Insurance Company _____ Policy Number _____

Special Health Concerns _____

Emergency Contact _____ Relation to Participant _____

Daytime Phone Number _____ Evening Phone Number _____