



PO Box 172. Merrimack NH 03054. www.basoccertraining.com. 603.557.4362

MEDICAL RELEASE FORM

(Please complete front and back)

Participant's Name: _____ Birthdate: _____

Phone: _____ Address: _____

City: _____ Zip: _____ Allergies: _____

Seizure Disorder: _____ Asthma: _____

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 and FutsalNH. I agree that Brazilian Art Soccer Training and FutsalNH and their 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 and FutsalNH from all claims or damages which may arise from any accident or loss. I hereby grant to Brazilian Art Soccer Training and FutsalNH 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 and FutsalNH 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 _____ Date _____

Print Name _____

Medical Insurance Company _____ Policy Number _____

Special Health Concerns _____

Emergency Contact _____ Relation to Participant _____

Daytime Phone Number _____ Evening Phone _____

COVID-19 Warning & Disclaimer:

COVID-19 is a contagious virus that spreads through person-to-person contact, and the contraction of the virus can lead to severe illness. Brazilian Art Soccer's policies and procedures for campers' health and safety are based on State and CDC guidelines. However, Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. Participating in Brazilian Art Soccer camp programs could increase the risk of contracting COVID-19. Brazilian Art Soccer in no way warrants that COVID-19 infection will not occur through participation in camp programs.

I agree to follow the following procedures established by Brazilian Art Soccer. Please initial below:

___ I will alert Brazilian Art Soccer if a camper or anyone in the camper's household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of camp or during the camp session.

___ I will alert Brazilian Art Soccer if anyone in the camper's household is diagnosed with COVID-19.

___ I understand that camp may need to close on short notice due to government order, child or staff illness, or other emergency.

___ I can return to the camp within one hour of being notified by phone if the child must be picked up.

___ I will take the camper(s) temperature each morning prior to camp drop off and alert staff if the camper has a fever (temperature of 100.4° or higher).

___ I understand if a camper has taken any fever reducing medications such as acetaminophen or ibuprofen in the past 24 hours they may not attend camp.

Out-of-State Camper Declaration for Players Attending a New Hampshire Camp from out of State

If my child is attending a Brazilian Art Soccer camp in New Hampshire, and my child does not reside in New Hampshire, I verify that my child has quarantined for 14 days prior to the start of the camp, and with the exception of his or her exposure to other players and coaches at the camp, will quarantine the duration of the camp week.

Parent or Guardian's Signature _____ Date _____