INDY SOCCER CAMPS

BRING YOUR GAME TO THE NEXT LEVEL

Medical Consent Form

Please copy both sides of your ***medical insurance card*** & attach to this form

Player's Information

Name:_____

Address:_____

City:_____ State:____ Zip:_____

High School:_____

Date of Birth:_____ Gender:_____

Parent Information

Father's Name:_____

Phone:_____ Email:_____

Mother's Name:_____

Phone:_____ Email:_____

Emergency Contact Name:_____

Phone:_____ Phone:_____

Medical Information

Insurance Company:_____

Name on Policy:_____

Policy #/Group #:_____

Insurance Company Phone #:_____

Medical Conditions:_____

Present Medications:_____

Drug Reactions:_____

Have you ever been rendered unconscious or suffered a concussion? YES or NO
If yes, how many times? _____ AND
When? _____
Any Illness/Allergies or Other Useful Information:

_____

_____

Recognizing the possibility of injury or illness, and in consideration for Indy Soccer Camps, LLC and members of Indy Soccer Camps, LLC accepting my son or daughter as a participant in the soccer program camps and activities of Indy Soccer Camps, LLC (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify Indy Soccer Camps, LLC, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of the fields and facilities utilized for the Programs, against any claim by or on behalf of my son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent/Guardian Signature:_____ **Date:**_____