

**HIGH PERFORMANCE SOCCER SCHOOL UNIVERSAL
PARENTS PERMISSION AND MEDICAL RELEASE
STATEMENT**

I, _____, parent or legal guardian of (Child's name)
_____ (Child's Surname) _____ this
_____ day of _____, 2011 certify that my child has
permission to travel and participate with the High Performance Soccer
School I, Members or Representatives of High Performance Soccer School in
any league or tournament or festival during the period of 2011.

I understand and acknowledge that my child may suffer serious injury, including, but not limited to sprains, fractures, brain damage, paralysis, or even death by participation in the sport of soccer. I further acknowledge and understand that travel to and from games, practices, tournaments and festivals by automobile or other means of transportation will be necessary and such travel carries with it inherent risks of injury.

With full knowledge of the risks enumerated above, I hereby authorize the team coach, assistant coach, team manager, club directors, club officers, league directors or officers, tournament sponsors, directors, members or agents, in my behalf and in my stead, to administer emergency medical treatment to my child for any injury or other medical emergency while at practice, at a game, at a tournament, or while travelling to or from these events. This permission and consent extends the right to those enumerated above to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for them to apply such emergency techniques when, in their judgment, they deem appropriate to treat any injury or illness sustained by my child.

HEALTH HISTORY If you currently suffer from, or have experienced any of the following conditions within the past year, please mark the appropriate space below

- Arthritis
- Asthma (serious case)
- Epilepsy
- Emotional problems requiring medication
- Fainting spells
- Ulcers medication
- Rheumatic fever
- Major bone or joint injuries
- High blood pressure
- Major operation or serious illness
- Heart trouble
- Diabetes
- Hypoglycemia
- Other medical conditions which might be aggravated by Soccer.

Explain: _____

If you marked any of the above items, you must fill out a Medical Release Form and have it completed by a medical doctor; you cannot participate without it. The Medical Release Form is available as attached on page3. **As a parent, I am aware that my child will be participating in the High Performance Soccer School. I have read the Contract and Release and the completed health history, and I am aware of the circumstances my child will undergo, and I hereby give my full permission for him/her to participate. I am also aware that if my child is selected to participate in the High Performance Soccer School, the same conditions to this contract will apply. Also, in the event any medical attention is needed, I hereby authorize any leaders to seek medical treatment and medical personal in charge of my child to administer such medical or surgical treatment or carry out such procedure as may be deemed necessary or advisable in the diagnosis or treatment of my child.** I have read and fully understand the above statements: Signature of Parent or Guardian: _____

Player: _____

Parent's Name: _____

Telephone: _____ Person to notify in emergency:

Doctor to
Notify in
Emergency: _____

HIGH PERFORMANCE SOCCER SCHOOL 11625 Bedford ct Germantown MD 20876 TEL 301-202-5388 Email: info@hpsoccerschool.com

MEDICAL RELEASE FORM
High Performance Soccer School

This form must be completed and signed by a medical doctor for participants who ticked or answered “yes” to any of the conditions listed on the Medical History portion of the Registration form, or Parents Permission /Release Statement. They will not be allowed to participate if this form is not submitted. The examination must be current within six weeks of the participation date. (Child’s name) _____ (Child’s Surname) _____ this

_____ Day of _____, 2011 Dear Doctor: The above named person will participate in the High Performance Soccer School. Persons suffering from any of the conditions listed below must obtain a physician’s clearance before participating in these programs. The participants will be participating in sporting activities through out the duration of the programs. The participant might be selected to the High Performance Soccer School and participate in sporting activities. Due to the strenuous physical nature of football, individuals suffering from aggravating medical conditions will require your medical approval to participate. Individuals will be allowed to take medications for chronic conditions if the medication is prescribed or accompanied by a doctor’s approval. General Appraisal:

APPROVAL: I find no medical problems which I consider incompatible with this program.

LIMITED APPROVAL: This individual may participate subject to the limitations listed below.

DISAPPROVAL: This individual has medical problems which, in my opinion, clearly constitute unacceptable hazards to his/her health and safety in this program.

Recommendations and/or restrictions: (if none, specify)

Doctor’s Name: _____ Date: _____

Doctor’s Signature: _____ Phone: _____

Address: _____