



## WINSTARS SOCCER ACADEMY - U.S. Living The Dream Trip MEDICAL RELEASE AND WAIVER FORM - August 17 - 24, 2017

I hereby release from all responsible liabilities, Winstars Academy and Luxury Coach while participating in related soccer activities during this tour. I authorize a Winstars Soccer Academy staff member to secure medical advice as may deem necessary for the health and safety of my child. My son has out of country health care coverage with my plan or I have purchased it on his behalf so he will be covered for any illness or injury while we are travelling and participating in soccer in the USA on this week.

### AUTHORIZATION FOR MEDICAL TREATMENT

Academy Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cel: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cel: \_\_\_\_\_

### IN CASE OF EMERGENCY, WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE COMPANY

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

### PARENTS APPROVAL:

In our absence, I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son medical assistance and/or treatment as directed by any one of the above named persons, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_