

# Next Level Soccer Academy Medical Release Form

Player's Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex: \_\_Male \_\_Female

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s) Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent(s) Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact Other Than Parent or Guardian: \_\_\_\_\_

(day) \_\_\_\_\_ (cell) \_\_\_\_\_

**Medical Insurance Coverage (front and back copy of insurance card required):**

**Primary Medical Insurance Company:** \_\_\_\_\_

**Group Number (if applicable):** \_\_\_\_\_

**Plan Number:** \_\_\_\_\_

**Known allergies or other pertinent medical information:**

\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the above Registrant will abide by, and acknowledge that the Registrant will abide by, the rules of the Next Level Soccer Academy for its Programs. The advisability of a player to participate will be the responsibility of the parent/guardian. Recognizing the possibility of physical injury associated with soccer and in its consideration for participating in the Next Level Soccer Academy programs, I hereby release, discharge and or otherwise indemnify the Next Level Soccer Academy, Inc., Next Level Soccer Academy, LLC, CB Elite Athletics, LLC, and their staff, coaches, trainers, players, counselors, persons who transport the Registrant to and from the program, The Pennington School (or other field/premises owner) and any associated personnel, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in any Next Level Soccer Academy program. I affirm that the Registrant is in sound physical and healthy condition and that the Registrant is covered by health/accident insurance secured independently. As a parent/guardian of the Registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Therefore, I grant Chad Bridges, and/or the staff and coaches of the Next Level Soccer Academy and its Programs permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date