



Player Medical/Media Release Form

Address _____ City _____ St _____ Zip _____

Player's Name _____ Date of Birth _____

Emergency Information

Mother's Name _____ Hm Ph _____ Cell Ph _____

Father's Name _____ Hm Ph _____ Cell Ph _____

Allergies or other medical conditions _____

Medical and/or Hospital Ins. Co. _____ ph _____

Parents Approval and Medical Release

I hereby give my consent to have an Emergency Medical Technician, Nurse, Doctor of Medicine or Dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should it be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify *Next Phase Soccer*, against any claim by or on behalf of the soccer player named above as a result of that player's participation in *Next Phase Soccer* training.

Parent/Guardian Signature _____ Date _____

Media Release

I _____ (guardian) hereby agree and consent as follows. I consent and authorize

Next Phase Soccer to use my player's likeness in any photograph, video or other digital media, and any and all of its publications including print or web based publications.

I understand and agree that all photos are the property of *Next Phase Soccer* and that I am not entitled to any compensation of royalties with respect to the use of the photos.

Parent/Guardian Signature _____ Date _____