HP SOCCER ACADEMY
MEDICAL RELEASE FORM

Please scan and email to: info@hpsocceracademy.com
or mail to:
3026 Mockingbird Ln. # 288, Dallas TX 75205
or fax to: 214-692-9895

Team Name	HPSA Scots	Age Group:		Coach/ Manager	HPSA

Last Name:		First Name:		Middle Initial:					
Street Address:		Apt #:		City:		St:	TX		
Zip Code:		Phone #:	( )	DOB:		Age:		Sex:	
E-mail Address:									

Father's Name:		Occupation:		Cell Phone #:	
Mother's Name:		Occupation		Cell Phone #:	
E-Mail Address:					
Person in an emergency:				Phone #:	( )
Doctor to Notify:				Phone #:	( )
List any Medical Problems:					

Jersy Size (circle one) YS YM YL S M L XL Shorts YS YM YL S M L XL

# of Seasons Played	Academy Team	Position	Date of Last Season	Height	Weight	School	Grade

IMPORTANT

I, the parent/guardian of the above named "Player", a minor, agree that the Player and I will abide by the rules of the HP Soccer Academy ("Academy"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Academy accepting the Player for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Academy, its affiliated organizations and sponsors, their employees, associated personnel and volunteers as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the Academy the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the Player's status as a participant in the Programs.

Name: _____
Parent/Legal Guardian (please print)

Signature: X _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named Player, I hereby give 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.

Signature of Parent or Guardian X_____

Address: _____ Apt #: _____

City: _____ TX Zip code: _____

Phone: Home (_____) _____ Bus.: (_____) _____