



# PRESEASON PREP PROGRAM

## MEDICAL TREATMENT AUTHORIZATION/RELEASE FORM

(to be completed by parent/guardian if athlete is under the age of 18)

### CONSENT/PERTINENT MEDICAL HISTORY

I hereby authorize the directors and medical staff of the *One to One Soccer Preseason Prep Program* to provide care and medical treatment as necessary to my daughter.

Please list any physical &/or medical conditions the *One to One Soccer* staff should be aware of (allergies, chronic illness, injury, disabilities, etc.):

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Dates of most recent tetanus immunization \_\_\_\_\_

In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I consent for the directors of the *One to One Preseason Soccer Prep Program* to authorize any necessary emergency treatment.

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Name – Printed	Signature	Date
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Family Physician	Office phone #
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Medical Insurance Company

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Policy #	Group #
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### RISK ACKNOWLEDGEMENT /CONSENT TO PARTICIPATE

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_, ask that she be admitted to participate in the *One to One Soccer Preseason Prep Program*. In consideration of such admission, I do hereby agree to release, discharge and hold harmless, *One to One Soccer*, and its employees, from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said player arising out of the players attendance at the camp or in course of competition &/or activities held in connection with the program.

I understand that soccer and training for such sport is an adherently dangerous activity and that there are genuine and serious risks to anyone who engages in this activity. Due to the nature of the sport and physical activity, I understand that the risks involved include, without limitation, a full range of injuries, including catastrophic resulting in permanent paralysis, brain injury, or death. I knowingly assume responsibility for any and all such risks and injuries. I voluntarily choose to participate and accept the risks as a condition of my participation.

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Signature of Parent/Guardian	Date
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