



Goran Vasic Soccer Academy

HEALTH CARD AND EMERGENCY AUTHORIZATION

My child is participating in the following:

Club Camp: _____ Day Camp: _____ Team Training: _____ Day Care Clinic: _____

Location(s): _____

Participant's Name _____ DOB _____

T-shirt size: _____ Age Group: _____

Parent/Guardian Name (Please print) _____

Parent Email address: _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____

Person to contact in Case of Emergency _____

Work Phone _____ Home Phone _____

Cell Phone _____

Health Insurance Provider _____ Policy Number _____

Please indicate any pertinent previous Medical History _____

List Medications, Allergies or any other notes _____

Hold Harmless:

The undersigned, Parent/Guardian of minor, understands that participation in the camp is voluntary. Parent/Guardian of minor understands that minor, as a participant in events sponsored by, or associated with Goran Vasic Soccer Academy, whether athletic or social in nature, is subject to risk of injury. Parent/Guardian agrees to defend, indemnify and hold harmless Goran Vasic Soccer Academy and its partners, agents, employees, owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Goran Vasic Soccer Academy, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

Permission for Emergency Care:

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same summon an ambulance to transport the participant to the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as the results of examination or treatment. I and our insurance carrier accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Goran Vasic Soccer Academy if at any time our medical insurance provider changes while participating in the activities with Goran Vasic Soccer Academy.

I have read and understand the above.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SEND PAYMENT TO GORAN VASIC SOCCER ACADEMY 38 LAUREATE DRIVE, MIDDLETOWN CT 06457