

Sporting Jax Soccer Academy

Medical Release Form for Event Participation

Player Information

Full Name _____

Date of Birth _____

Age Group _____

Team Name (if applicable) _____

Parent/Guardian Information

Full Name _____

Phone Number _____

Email _____

Emergency Contact (if different from above)

Name _____

Relationship to Player _____

Phone Number _____

Medical Information

Known Allergies _____

Existing Medical Conditions _____

Current Medications _____

Health Insurance Provider _____

Policy Number _____

Primary Physician Name _____

Physician Phone Number _____

Medical Authorization and Release

I, the undersigned parent or legal guardian of the player listed above, hereby give permission for my child to participate in any Sporting Jax Soccer Academy event, including games, training sessions, tournaments, and other organized activities.

In the event of a medical emergency or accident involving my child, I authorize the staff, coaches, volunteers, and representatives of Sporting Jax Soccer Academy to obtain medical treatment as deemed necessary. I understand every effort will be made to contact me or the listed emergency contact before treatment is

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administered.

I hereby release and hold harmless Sporting Jax Soccer Academy, its directors, officers, staff, agents, volunteers, and affiliates from any and all liability arising from any injury, illness, or incident involving my child during participation in academy events.

I confirm that my child is in good physical health and is able to participate in soccer-related activities.

Parent/Guardian Signature _____

Date _____

Printed Name _____