

## Elite Player Development Camp Medical Release Form

Each participate must have a completed Medical Release to participate in the Elite Player Development. Medical releases will be collected at check-in for each Clinic. <u>Medical Release is Mandatory for participation!</u>

- ✓ Player check-in will begin 30 minutes prior to the start of each clinic. Player pick-up should be within 20 minutes of completion of clinic.
- ✓ All players should bring their own water bottle, ball and be properly equipped to play (white shirt, dark shorts, white socks and turf cleats) keepers may wear basic keeper attire.

Additional information/questions: Psapsford@calnorth.org

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry for:					
LAST NAME FIRS	Т	MIDDLE		MIDDLE	
As his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I also hereby release the California Youth Soccer Association, Inc. and affiliated organizations and personnel, owners of fields and facilities used by the Olympic Development Program against any claim by or on behalf of registrant as a result of the registrant's participation in the Program, and/or being transported to and from, which transportation I hereby authorize.					
Signature of Parent or Legal Guardian Please print name of Parent or Legal Guardian Date					
PLAYER INFORMATION					
Name:	N	Л	F	Date of BIRTH:	
Address: Ci	ty:			Zip:	
Home Phone:	Cell	Cell Phone:			
Player Email:					
Club Team: Coach:		Is this a Cal North Team:			
Do you have medical coverage: If yes, please complete the next box	Med	Medical Insurance carrier:			
Medical Card Number: (Do not send a copy of card)					
Policy holders Name: DOB:					
Known Allergies: Current Medications:					
PARENT INFORMATION					
her: Ad			Address:		
Day Phone:	Evening Pho			one:	
Email:	С	Cell Phone:			
Father:	A	ddre	SS:		
Day Phone:	E	Evening Phone:			
Email:	С	Cell Phone:			