



## CM International Soccer Camp

### Medical Release Form/Consent for Medical Treatment (Minor)

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*This form must be filled in completely and signed before any player will be allowed to participate in camp.*

**Player's Name:**

\_\_\_\_\_

**Street Address:**

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: (xx/xx/xxxx) \_\_\_\_\_ Gender: \_\_\_\_\_

#### **Parent #1 Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### **Parent #2 Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### **Emergency Contact:**

Person to contact in case of emergency if parents are not reachable (*list someone other than the parents/guardians listed above*)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Page 2 for Camper (fill in name): \_\_\_\_\_

**Camper's Health & General History:**

If the camper should be restricted from any activity, please note:

\_\_\_\_\_

If the camper will be taking any medication during camp, please indicate name of drug and dosage:

\_\_\_\_\_

Please identify any medical conditions or medical history that would require special attention:

\_\_\_\_\_

**Primary Medical Insurance Company:** \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Parental Consent:**

As the parent or legal guardian of the above named player, I hereby give my 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 wellbeing of my dependent.

Signature of Parent/Guardian:

\_\_\_\_\_  
print name

\_\_\_\_\_  
sign

Date: \_\_\_\_\_