



P.O. BOX 950295. Lake Mary, FL 32795. Phone Number: (407)953-5455

E-mail: [soccernextgen@gmail.com](mailto:soccernextgen@gmail.com). Website: [www.soccernextgen.org](http://www.soccernextgen.org)

### REGISTRATION & MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_

Player's DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other important information: \_\_\_\_\_

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### **PARENT'S APPROVAL AND MEDICAL RELEASE**

I hereby voluntarily permit my child to participate in the NextGen Soccer Academy Camp that runs (date) \_\_\_\_\_ thru \_\_\_\_\_. I understand and fully accept that soccer is a contact sport and that there are risks involved in sports, and that accidents and injuries are common are ordinary occurrences of sports. I hereby agree to accept any and all risks and verify this statement by placing my signature below.

My child has received a physical examination by a physician and has been found physically capable of participating in this program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

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Signature

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Date

### **Online Form Instructions.**

Please note, to complete this form online, you must have adobe reader installed on your device. Adobe Reader is free and you can download it from the following link <https://get.adobe.com/reader/otherversions/>. Please read the instructions carefully on the adobe site and follow the step by step instructions.