

T2P2 Soccer Training LLC Medical Waiver / Insurance Form

In Association with Millersville University Women's Soccer

Event Name: _____ Location _____
Date: ____ / ____ / ____ Participants Name _____
Parent/Guardian Name _____ Participants Cell Phone
_____ - _____ - _____ Parent/Guardian Cell Phone _____ - _____ -
_____ Street Address _____ City
_____ State _____ Zip _____

Insurance Company / Provider _____ Policy

Medical Concerns

Allergies

Please list any medical or other pre-existing conditions you would like us to be aware of or that you feel would inhibit the participant's participation in any manner:

I hereby give permission for my child to be medically treated for injuries or illness during participation in the T2P2 Soccer Training LLC above stated athletic event. I also acknowledge that the participant listed above is healthy and has no physical problems that would prevent participation in the athletic event signed up for. I hereby acknowledge that primary insurance coverage rests with the participant, parents and or guardian.

Participant Signature _____ Date: ____ /
____ / ____

Parent/Guardian Signature _____ Date: ____ /
____ / ____

(Must be signed by parent/guardian listed above)