

BUCS SOCCER ACADEMY, LLC

Name of Camper _____ School _____ Grade _____
Home Address _____ Birthdate _____ Age _____
City _____ State _____ Zip _____ Home Phone: _____
Parent/Guardian Name _____ Work Phone: _____
Emergency name and phone number other than parent _____

The BUCS SOCCER ACADEMY, LLC staff strongly recommends that each participant have a physical exam by a physician before participating in the camp. Each parent or guardian must sign the medical statement below.

I. _____ is physically able to participate in the rigorous schedule of the BUCS SOCCER ACADEMY, LLC

Date: _____ Parent/Guardian _____

In the event of illness or injury, every effort will be made to immediately contact a parent or guardian. In order to facilitate emergency treatment, if needed, each parent or guardian should sign the medical release form below.

II. This is to certify that the Johnson City Medical Center and/or any other authorized medical personnel has my permission to administer medical treatment to:

(Name of Camper)

Date _____ Parent/Guardian _____

Approximate date of last tetanus shot _____

PLEASE INCLUDE A SEPARATE LIST OF KNOWN ALLERGIES OR CONDITIONS THE MEDICAL STAFF SHOULD BE AWARE OF.

PARENT INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

ADDRESS OF INSURANCE COMPANY _____

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD AND THE PHYSICAL EXAM IF POSSIBLE.