



Medical Information

Name of Insurance Company _____

Policy Number _____

Special Medical Instructions (i.e. allergic reactions, current medications, chronic illness or injury, etc)

Physician's Name _____

Phone Number _____

Medical Release & Consent Form

I certify that my child is medically qualified to attend the Blue Ridge Soccer Academy. I understand that participation in any sport may cause physical injury and do hereby agree to release, discharge, and hold harmless the Blue Ridge Soccer Academy, Blue Ridge Soccer & Sports, Sweet Briar College, its staff and the facilities from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving my child while at camp.

I hereby authorize the staff of the Blue Ridge Soccer Academy to act for me according to their best judgement in any emergency requiring medical attention. I give permission for an athletic trainer, physician and/or hospital emergency room staff to administer necessary care. I hereby give the Blue Ridge Soccer Academy permission to use my child's name and/or picture in promotional camp literature and advertisements, and fully renounce all claims of reimbursement for use of this material.

Camper's Name _____

Parent/Guardian Signature **Required** _____ Date _____

Father's Name _____

Phone (H) _____ Phone (W) _____

Mother's Name _____

Phone (H) _____ Phone (W) _____

Other Phone(s) _____

Office Use Only

Deposit rec: _____

Date: _____

Ch#: _____