



Wingate International Soccer Academy

Medical Release Form

Camper Name: _____

Medical Insurance Company: _____

Policy Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact: _____ Emergency #: _____

Family Doctor: _____ Phone #: _____

Allergies or Medical Issues:

Medications:

I, the undersigned parent/guardian, do hereby authorize the athletic trainer or coaches at Wingate International Soccer Academy (WISA) to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care that may deem necessary. It is understood that, in any event, an attempt will be made to contact the parent or guardian before treatment is initiated.

I, the undersigned for myself, my heirs, and executors waive, release and forever discharge WISA, Wingate University, and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage and/or loss suffered by my child in connection with their participation in the camp.

I also certify that my child is physically fit to attend the camp and participate in all camp related activities.

Parent/Guardian Signature: _____ Date: _____