

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:Date:	
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