



**FC PUMA SOCCER ACADEMY**  
**Health Release Form**  
**2018**  
[www.fcpumasocceracademy.com](http://www.fcpumasocceracademy.com)

Camper's Name (please print) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**"This Camp is complied with regulations of the Massachusetts of Public Health and be licensed by the local board of health."**

**In Case of Emergency**

Name of Father \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

Other Emergency Contact (print name and number) \_\_\_\_\_

Your Insurance Company \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_

**Release Form**

In the event of an emergency requiring medical attention, I hereby grant permission to the athletic training staff, a physician, or to hospital personnel designated by the camp staff to attend to:

Name of Camper \_\_\_\_\_

I expect every effort will be made to contact me in order to receive my specific authorization prior to any hospitalization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Pediatrician/Physician \_\_\_\_\_ Phone \_\_\_\_\_

***The Health Release form "Must" have the parents signature, insurance information, and attached an updated physical form with immunization history.***