



Player Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Information

Parent/Guardian Name \_\_\_\_\_ Home Ph: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Ph: \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Insurance

Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

Player Physician \_\_\_\_\_ Phone # \_\_\_\_\_

In an emergency, when parent/guardian cannot be reached, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### Player or Parent/Guardian Agreement

By signing, I hereby state that I release all members of the Educational Sports Programs Staff and any other party involved in the organization and administration of Coerver Coaching Minnesota, Elite Soccer Training, the Individual Trainers, the Sponsors (Adidas), Sports Method USA, Wiel Coerver estate, and The Champions Hall ,from any liability resulting from any injury on, or around the clinic sites, or in the transportation to and from the sites. I hereby declare that the enrolled participant above is in good health and will be able to fully participate in intensive soccer skills training, which may include running jumping, falling, diving, heading and small-sided scrimmages. By signing on this form I accept full responsibility, and assume all costs,that may occur in the event of an injury or death.

Adult Player or Parent/Legal Guardian of Minor Player \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_