Wolfpack Soccer Academy
at NC State University
Medical Release Form

Players Name: _____
Last First MI

Please Check Camp Dates Attending: ☐ June 14-18 (Evening Academy) ☐ July 21-25 (Residential Academy)

Parents Name:_____

Home Phone: _____ Cell Phone:_____

Emergency Contact:_____
Name Telephone

Medical History

1. Date of Last Tetanus: _____
2. Allergies (to drugs/food/asthma/etc.):_____
3. Is your daughter currently under the care of a physician? Yes _____ No _____
   If yes, please explain: _____
4. Is your daughter taking medication prescribed by a physician? Yes _____ No _____
   If yes, please list all medications: _____
5. Other Information: _____

Insurance Information

Company Name:_____ Policy #: _____

Release, indemnification, and hold harmless agreement
(WAKE COUNTY, NORTH CAROLINA)

In consideration for the Attendee being permitted to participate in the Wolfpack Soccer Academy from June 14-18 & July 21-25, 2010, I do waive and release forever any and all rights for claims and damages I hay have against North Carolina State University, its governing board, officers, agents, employees, and Coach Steven Springthorpe, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal in jury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of North Carolina State University, its officers, employees, agents, and Coach Steven Springthorpe, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by North Carolina State University and that Coach Steven Springthorpe is providing this instruction or camp outside the scope of his employment with the University. I agree to release, hold harmless, and indemnify North Carolina State University, its governing board, its officers, its employees, its agents, and Coach Steven Springthorpe from any and all claims and liability arising out of the Activity.

Printed Name of Attendee: _____
Signature of Attendee: _____

If Attendee is a minor under the age of 18, signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address: _____

Telephone Number: _____