

Please fill out this form completely. It is important for the provision of proper medical care. The section marked "Physician's Comments" need only be completed if the participant has a major health problem. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants in almost every instance or with older participants with more serious problems, the physician will try to contact the parents to inform them of the problem and discuss treatment. Occasionally, we are unable to reach the parents immediately to inform them of a serious problem. The parent's signature of the medical treatment authorization allows us to go ahead with treatment in these circumstances. The Training Room staff, Bulldog Soccer Academy, LLC, Yale University and/or the Athletics Office will continue to call until contact is made with the parent or guardian. THIS FORM MUST BE ON FILE BEFORE YOUR CHILD CAN PARTICIPATE!!!

NAME OF CAMP/CLINIC: Bulldog Soccer Academy, LLC

CAMP/CLINIC DATES: _____

MEDICAL HISTORY

1. PERSONAL INFORMATION (PLEASE PRINT)

Name _____ Sex: Male ☐ Female ☐

Home Address _____
Street City State Zip

Phone _____ Date of Birth: _____ Age _____

IN CASE OF EMERGENCY NOTIFY _____

NAME OF PARENT OR NEXT KIN RELATIONSHIP

Address _____
Home Phone _____ Business Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Address _____

2. FAMILY HISTORY (PLEASE CONSULT PARENTS)

Do you have a family history of: (please circle)

Diabetes Tuberculosis Cancer Heart Disease Kidney Disease Migraine

3. PERSONAL HISTORY

Immunization Record (include dates, if possible, if not please specify shots are current)

DPT _____ MMR _____ POLIO _____

Most Recent TETANUS BOOSTER: _____

Allergies- Particularly to medications (please list)

Have you had any of the following: (please circle)

Asthma Bleeding Disorder Diabetes Heart Condition Kidney Disease

Please list any of the following you have had and note the dates:

Head Injuries _____

Fractures (please specify) _____

Surgery _____

Hospitalization _____

List any medications you are currently taking and include directions: _____

PHYSICIANS COMMENTS (OPTIONS) Note to physician: Please provide a brief history of the camper's problem, any pertinent physical findings or laboratory values, and a description of therapy. Also, please list any ways in which we may help to care for your patient. Thank you.

4. **INSURANCE INFORMATION** (participant **MUST** be covered by a health insurance policy)

Name of Company _____

Company Address _____

Group Number _____

5. **MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE**

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son to attend the Bulldog Soccer Academy, LLC Camp/Clinic in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize Bulldog Soccer Academy staff, athletic and medical, as well as hospital and emergency response personnel to provide medical treatment deemed necessary. I hereby release Bulldog Soccer Academy, LLC, Yale University and their agents, employees, and representatives from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical care and treatment will be forwarded to my insurance company or me, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in these activities there is a possibility of physical injury or illness and that my daughter/son is assuming the risk of injury or illness. If deemed appropriate by the medical/athletic training staff, I grant permission to administrator non-prescription analgesics for minor problems such as headaches, etc.

Parent / Guardian signature _____ Date _____

EXHIBIT B

PARTICIPANT HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT

*****READ BEFORE SIGNING*****

Participant Name: _____ Age: _____

In consideration of being allowed to participate in any way in **Bulldog Soccer Academy, LLC** (Camps/Clinics) related events and activities (the "Program"), I, the undersigned, acknowledge, appreciate and agree that:

1. The inherent risk of injury from the activities involved in the Program can be significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Bulldog Soccer Academy, LLC representatives, Yale University and each of its officers, officials, agents, and/or employees (collectively, "Releasees") from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, arising out of or in connection with my participation in the Program, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Participant Signature

Date

For parents/guardians of a participant of minor age

(under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name (Please Print)

Emergency Phone Number(s)

Parent/Guardian Signature

Date

*Please complete, sign and return this document to the following address:

Bulldog Soccer Academy, LLC

Attn: Kylie Stannard

20 Tower Parkway

New Haven, CT 06511

-or-

Scan & E-mail: yalesoccer@gmail.com - Attn: Bulldog Soccer Academy, LLC –
Kylie Stannard

Fax #: