

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 certified athletic training 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: **2019 Winter College Prep ID Clinic**

CAMP/CLINIC DATES: **February 23<sup>rd</sup>, 2019 and/or February 24<sup>th</sup>, 2019**

## 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 OF 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 the Bulldog Soccer Academy LLC 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 (and the employees/workers of 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 and/or illness, and that my daughter/son is assuming the risk of injury and/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.

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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.

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Parent/Guardian Name (Please Print)

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Emergency Phone Number(s)

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Parent/Guardian Signature

Date

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

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

-or-

Send to the following address:

Bulldog Soccer Academy, LLC

Attn: Kylie Stannard

20 Tower Parkway

New Haven, CT 06520

EXHIBIT C-1

**Assumption of Risk, Release from Liability and Indemnification Agreement  
("Agreement")**

My child, \_\_\_\_\_, is not yet 18-years-old and will participate in the [ \_\_\_\_\_ ], from [ \_\_\_\_\_ to \_\_\_\_\_ ], (the "Program") operated by [ \_\_\_\_\_ ] at [ \_\_\_\_\_ ] at Yale University. This Agreement covers all aspects of my child's participation in the Program. In this Agreement, "Yale" means Yale University, its trustees, officers, employees, trainees, students, volunteers, and agents.

- 1. Program Risks.** I understand that participation in the Program involves risks that Yale cannot eliminate, including, among others, risk of property damage, illness, bodily injury, permanent disability, and death. [list other risks specific to the Program, e.g., transportation involved, use of equipment, etc.]
- 2. Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
- 3. Release.** In exchange for Yale allowing my child to participate in the Program, I release Yale from all legal and financial responsibility for any harm that I, my child, or our property might suffer as a result of my child's participation, even if the harm is caused by Yale's **negligence**.
- 4. Indemnification.** I agree to indemnify and hold Yale harmless from (that is to say, I agree to pay or reimburse Yale for) any costs, penalties, legal fees, or judgments ("Costs") that Yale has to pay related to my child's participation in the Program, even if the Costs resulted from Yale's **negligence**.
- 5. Governing Law and Jurisdiction.** The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
- 6. Binding Agreement.** This Agreement shall legally bind me, and my child, family members, spouse, estate, heirs, administrators, or personal representatives.
- 7. Severability.** If a court decides that any part of this Agreement cannot be enforced, I agree to change that part to make it enforceable. If the unenforceable part cannot legally be changed, it will be severed, but the rest of the Agreement will remain in effect.
- 8. Signature.** I agree that I have read and understood this Agreement, I am competent to sign it, and I do so voluntarily and without relying on anything Yale wrote or told me except what is written above. I understand that I am free not to sign this Agreement and to find a different program for my child.

**Before you sign this Agreement, please read it carefully because it affects your legal rights.**

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name (printed): \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

EXHIBIT C-2

**Assumption of Risk, Release from Liability and Indemnification Agreement  
("Agreement")**

I, \_\_\_\_\_, ("Participant") will participate in the [ \_\_\_\_\_ ],  
("Program") from [ \_\_\_\_\_ ] to [ \_\_\_\_\_ ] operated by [ \_\_\_\_\_ ] at  
[ \_\_\_\_\_ ] at Yale University. This Agreement covers all aspects of my  
participation in the Program. In this Agreement, "Yale" means Yale University, its trustees, officers,  
employees, trainees, students, volunteers, and agents.

1. **Program Risks.** I understand that participation in the Program involves risks that Yale cannot eliminate, including, among others, risk of property damage, illness, bodily injury, permanent disability, and death. [list other risks specific to the Program, e.g., transportation involved, use of equipment, etc.]
2. **Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
3. **Release.** I release Yale from all legal and financial responsibility for any harm that I, or my property might suffer as a result of my participation, even if the harm is caused by Yale's **negligence**.
4. **Indemnification.** I agree to indemnify and hold Yale harmless from (that is to say, I agree to pay or reimburse Yale for) any costs, penalties, legal fees, or judgments ("Costs") that Yale has to pay related to my participation in the Program, even if the Costs resulted from Yale's **negligence**.
5. **Governing Law and Jurisdiction.** The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
6. **Binding Agreement.** This Agreement shall legally bind me, and my child, family members, spouse, estate, heirs, administrators, or personal representatives.
7. **Severability.** If a court decides that any part of this Agreement cannot be enforced, I agree to change that part to make it enforceable. If the unenforceable part cannot legally be changed, it will be severed, but the rest of the Agreement will remain in effect.
8. **Signature.** I agree that I have read and understood this Agreement, I am competent to sign it, and I do so voluntarily and without relying on anything Yale wrote or told me except what is written above. I understand that I am free not to sign this Agreement and to find a different Program.

**Before you sign this Agreement, please read it carefully because it affects your legal rights.**

Printed Name of Participant : \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_