

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 athletic training staff 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 and/or Bulldog Soccer Academy, LLC coaching staff will continue to call until contact is made with the parent or guardian. **THIS FORM MUST BE ON FILE BEFORE YOUR CHILD CAN PARTICIPATE!!!**

*Please complete forms fully, sign and return this document to the following address:
Scan & E-mail: yalesoccer@gmail.com - Attn: Bulldog Soccer Academy, LLC – Kylie Stannard

NAME OF CAMP/CLINIC:
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 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 received full vaccination from COVID-19?

If not, will you be fully vaccinated before you attend the clinic?

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 son/daughter 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 son/daughter 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 or illness from the activities involved in the Program can be significant, including the potential for permanent health issues and even death.
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

EXHIBIT C

**PARTICIPANT HOLD HARMLESS AND
ASSUMPTION OF RISK AGREEMENT**

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

COVID-19 WAIVER

I, the undersigned participant and parent (or legal guardian) certify that I am the legal parent/guardian with responsibility for the below participant. I also acknowledge, appreciate, and agree that:

By participating in Bulldog Soccer Academy, LLC camps/clinics, I understand there are certain risks arising from or related to possible exposure to communicable diseases including, but not limited to, the Coronavirus Disease (also known as COVID-19).

I am aware that the Coronavirus Disease is highly transmittable and knowingly and voluntarily assume full responsibility for any and all risk of personal injury, illness or other loss in connection with such Communicable Diseases.

I, for myself and for my minor, do not hold responsible Bulldog Soccer Academy, LLC and/or staff and other participants from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, (in law or equity), arising out of or related to illness, injury, disability, death, or other damages incurred due to or connected to any communicable disease including COVID-19 to the fullest extent permitted by law.

Participant Signature

Date

Parent/Guardian Name (Please Print)

Emergency Phone Number(s)

Parent/Guardian Signature

Date

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 [name of Program], from [dates of Program], (the "Program") operated by [Licensee] at [Premises and Property] 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"). **18 years old or above

I, _____, ("Participant") will participate in the [name of Program], ("Program") from [dates of Program] operated by [Licensee] at [Premises and Property] 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: _____