

**2016 Revolution Academy Medical and Release Form  
Field Player Program & Goalkeeper Academy**

No participant will be able to attend without this form completed and signed: One form per player

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Academy Session Attending: \_\_\_\_\_ Sex: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

[must be within 24 months for sports, residential, travel and trip camps]

**REQUIRED IMMUNIZATIONS - list month and year**

D.T.P. (4 doses)	_____	_____	_____	_____
Polio (3 doses)	_____	_____	_____	_____
Hepatitis B (3 doses)	_____	_____	_____	_____
M.M.R. (2 doses)	_____	_____	_____	_____
TD booster (1 dose while in Grades 7-12)	_____	_____	_____	_____
Varicella Vaccine or proof of disease	_____	_____	_____	_____

**Significant Medical History (list dates):** \_\_\_\_\_

**Child's Allergies/Medical Conditions:** \_\_\_\_\_

Authorization to administer medication at Revolution Academy:

**I hereby authorize the Revolution Academy to administer to my child the following medications:**

\_\_\_\_\_

**Please deliver prescription medicine in original bottle to on-site health supervisor at check-in.**

**I hereby allow my child to self-administer the following medications:** \_\_\_\_\_

- In the event of illness or injury, I grant the Revolution Academy the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for all medical expenses incurred by my child while attending the program.
- I certify that my child is in good health and is able to participate in physical activities, including soccer.
- I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge the Revolution Academy, New England Revolution, NPS, LLC, Kraft Soccer LLC and their affiliates, staff and assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp.
- I understand that lost equipment and personal belongings are not the responsibility of the Revolution Academy.
- I give permission for the Revolution Academy and New England Revolution to use my child's image in future advertising and promotional materials.

**I have read, fully understand, and freely signed this agreement. I understand that this is a legally binding document that limits the legal liability of the Revolution Academy and its affiliated entities. I attest under penalty of fraud that I am at least 18 years of age and that I am the Participant's parent or legal guardian.**

Parent/Guardian Signature: \_\_\_\_\_ - Date: \_\_\_\_\_

***Persons to be contacted in case of emergency (to be filled out by parent/guardian)***

Name	Cell Number	Alternate Number
Parent/Guardian _____	_____	_____
Second Contact _____	_____	_____