



Player Name _____ DOB _____

Address: _____ City: _____ ZIP: _____

Email: _____

Emergency Information

Parent/Guardian Name _____ Home Ph: _____

Parent/Guardian Name _____ Home Ph: _____

Allergies _____

Medical Insurance

Company _____

Policy Holder _____ Policy # _____

Player Physician _____ Phone # _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name _____ Phone # _____

Name _____ Phone # _____

Player or Parent/Guardian Agreement

By signing, I hereby state that I release all members of the Educational Sports Programs Staff and any other party involved in the organization and administration of Coerver Coaching Iowa, Elite Soccer Training, the Individual Trainers, the Sponsors (Adidas), Sports Method USA, Wiel Coerver estate, and The Iowa State Fair, from any liability resulting from any injury on, or around the clinic sites, or in the transportation to and from the sites. I hereby declare that the enrolled participant above is in good health and will be able to fully participate in intensive soccer skills training, which may include running jumping, falling, diving, heading and small-sided scrimmages. By signing on this form I accept full responsibility, and assume all costs, that may occur in the event of an injury or death.

Adult Player or Parent/Legal Guardian of Minor Player: _____

Date: _____ Signature: _____