



NSA PREMIER MEDICAL & LIABILITY FORM

Child's Name _____

Birth Date _____

Parent's Name _____

Home Phone _____

Cell Phone _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, heart conditions, history of respiratory illness, or have any other significant medical condition?

No _____
Yes _____ Explain: _____

I hereby give permission and certify my child in good health and able to participate in all soccer activities. I release coaches, staff, and all others associated with NSA of all liability for injury or illness incurred by my child during play.

In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital.

Parent Name: _____

Parent Signature: _____

Date: _____