



4 Curtis Lane
Sandys, Bermuda MA02
441-703-0012

G-BALL ACADEMY – UK FOOTBALL Travel

This is our standard player medical travel form that will remain on file. Please complete and only re-submit prior to travel if there are changes.

PLAYER'S MEDICAL INFORMATION

Player's Name: _____

Date of Birth: _____ Gender: ___ Weight: _____ Height: _____

Physical Address: _____

E-mail Address: _____

Parent Name: _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Parent Name: _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

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

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Please list Allergies the player has: _____

Please List other known medical conditions or previous surgeries: _____

Please list medications currently taking: _____

Has the player received Covid vaccinations? If so, which vaccine and date (s)? _____

Physician: _____ Bus. Phone: _____ Alt. Phone: _____

Medical Insurance Company: _____ Bus. Phone: _____

Policyholder Name: _____ Policy #: _____



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G-BALL ACADEMY – UK FOOTBALL Travel

Player's Name: _____

Parent / Guardian Name: _____

I hereby acknowledge the above-named player is a registered participant with G-Ball Academy's UK Football Tour.

Player's Signature

Date

Parent / Guardian Signature

Date

MEDICAL TREATMENT AUTHORIZATION AND LAIBILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with football (soccer), and hereby release, discharge, and otherwise indemnify G-Ball Academy Bermuda, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player / participant named above as a result of that player's participation in the G-Ball Academy UK Football Tour

Print Name

Relation to Player

Signature

Date