

# Indiana Goalkeeper Academy Medical Release and Waiver

*To be signed by parent or guardian:*

On behalf of the applicant, I release Indiana Goalkeeper Academy (IGA), Gary Yohe, and IGA Staff and sponsors from all applicant claims arising from participation in the camp or any related training or coaching sessions. I certify that the applicant will list all medical conditions below in the space provided.

Name of participating minor: \_\_\_\_\_

Date of Birth (DD/MM/YR) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell # 1 ( ) \_\_\_\_\_ Cell # 2 ( ) \_\_\_\_\_

Medical Conditions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Injuries \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_