



# World Soccer Academy



## Medical Release Form

I, \_\_\_\_\_, as an athlete participating in the World Soccer Academy  
**Athlete's full name**

hereby authorize the World Soccer Academy medical staff to release to the coaches, and/or administration of the World Soccer Academy information pertaining to my health and physical condition, including injuries and their treatment progress, as it relates to my participation as a member of the World Soccer Academy. All information obtained will remain confidential and will only be utilized in the manner and with the personnel described above.

**Athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's Signature (if under the age of 18):** \_\_\_\_\_