Winstars Soccer Academy - PDA Showcase Nov 26 - Nov 29, 2026

Medical Release and Waiver Form - Player Development Academy

I hereby release from all responsible liabilities, Player Development Academy, Winstars Soccer Academy, and Luxury Coach while participating in related soccer activities during the PDA tour. I authorize a Winstars Soccer Academy staff member to secure medical advice as may deem necessary for the health and safety of my child. My son has out of country health care coverage with my plan or I have purchased it on his behalf so he will be covered for any illness or injury while we are traveling and participating in soccer in the USA on this week.

Authorization for Medical Treatment

Academy Players name: _____ **Date of Birth:** _____

Address: _____

Fathers name: _____ **Home Phone:** _____

Work/cell: _____

Mothers Name: _____ **Home Phone:** _____

Work/cell: _____

in case of emergency when Parents cannot be reached, please contact :

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Insurance Company

_____

Policy number: _____ **group number:** _____

Physician: _____ **Phone:** _____

Address: _____

Known allergies: _____

Parents Approval:

In our absence, I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son medical assistance and/or treatment as directed by any one of the above named persons, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature (Parent or guardian): _____ **Date:** _____