



US Futbol Training LLC

2012 Medical Form

Participant Name: _____

Parent/Guardian Name: _____

Phone Number (cell): _____ (home): _____

The above participant is in good physical condition and is able to participate in all of the US Futbol Training Activities.

Name of Physician: _____

Insurance Group/Policy Number: _____

List of Allergies: _____

List any special medical history or anything the USFT staff should be aware of:

Emergency Contact Information:

Name: _____ Phone Number: _____

I hereby give US Futbol Training, LLC permission to seek and obtain medical assistance and treatment for me in the case of illness or emergency accident, including medical specialist. I also agree to assume responsibility of the full cost of such treatment or procedure.

Parent/Guardian Signature

Any questions, please contact USFT Director Joe Brown at (336) 669-0751 or joebrown@usfutboltraining.com

Please bring Medical Form to Camp Registration