

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), Miles Glynn, 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: _____