



Progressive Goalkeeping

PLAYER MEDICAL HISTORY AND SOCIAL MEDIA RELEASE FORM

Please fill out and email to progressivegoalkeeping@gmail.com prior to commencement of training or bring it to your first session.

PLAYER INFORMATION

Player Name: _____

D.O.B. _____

Address: _____

Medical Conditions/Allergies:

Condition/Allergy	Medication

PARENT INFORMATION (if player is under 18 at time of registration)

Name: _____

Relationship to child: _____

Contact Number – M: _____

H: _____

W: _____

EMERGENCY CONTACT

Same as above

Name: _____

Relationship to child: _____

Contact Number: _____

PROGRESSIVE GOALKEEPING PRESS RELEASE CONSENT

If player is under 18 parent/guardian must sign

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Permission Signature: _____ Date: _____