



NATIONAL YOUTH LICENSE COACH HEALTH REPORT

(To be completed and submitted upon check-in.)

THIS FORM DOES NOT NEED TO BE COMPLETED BY PHYSICIAN

Name _____ Date of Birth _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Family Physician _____

Office Phone _____

PLEASE ANSWER EVERY QUESTION ABOUT YOUR HEALTH:

- 1. Has had any injuries requiring medical attention. Yes__ No__
- 2. Has had illness lasting more than one week. Yes__ No__
- 3. Is under a physician's care now. Yes__ No__
- 4. Takes medication now. Yes__ No__
- 5. Wears glasses__ Wears contact lenses_____ Yes__ No__
- 6. Has had a surgical operation. Yes__ No__
- 7. Has been in hospital (except for tonsillectomy) Yes__ No__
- 8. Has high blood pressure, abnormal heart rate or any heart disease. Yes__ No__
- 9. Has had trouble with dehydration (excess loss of salt water). Yes__ No__
- 10. Has had heat stroke. Yes__ No__
- 11. Has any known drug, food or pollen allergy. Yes__ No__
- 12. Has been immunized against flu__ polio__ tetanus_____ Yes__ No__
- 13. Should not participate in strenuous exercise. Yes__ No__

PLEASE EXPLAIN ANY YES ANSWERS TO ANY OF THE QUESTIONS:

(YOU MUST COMPLETE BOTH SIDES OF FORM IN ORDER TO ATTEND SCHOOL)

RELEASE OF LIABILITY

NAME (PRINT) _____ MALE _____ FEMALE _____

ADDRESS _____

CITY & STATE _____

PHONE # () _____
 Area code

DATE OF BIRTH _____

Being fully cognizant of the physical training requirements of the UNITED STATES SOCCER FEDERATION COACHING SCHOOL, I represent that I am physically able to participate and hereby hold the U.S.S.F., their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature _____ Date _____

Being fully cognizant of the physical training requirements of coaching courses, I represent that I am physically able to participate and hereby hold US YOUTH SOCCER, its State Associations, their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature _____ Date _____