



Carolina Dynamo PDL/Super-20/W-League Medical Form

Name: _____

The above participant is in good physical condition and is able to participate in all of the Carolina Dynamo combine activities.

Name of Physician: _____

Phone Number: _____

List of Allergies: _____

List any special medical history: _____

Emergency Contact Information:

Name: _____ **Phone:** _____

I hereby give Carolina Dynamo, Inc. permission to seek and obtain medical assistance and treatment for me in the case of illness or emergency accident, including medical specialists. I also agree to assume the responsibility of the full costs of such treatment or procedure.

Signature

Insurance group/ Policy Number