



Medical Release Form

Camper Name: _____

I, _____, agree to conform to the regulations of the Soccer Camps at SFA as the parent and/or legal guardian of the above named camper, I hereby authorize the staff of Soccer Camps at SFA to act for me according to their best judgment in any emergency requiring medical attention. I assume the risk of accident or injuries from whatever cause in connection therewith, and release Soccer Camps at SFA and their officers, agents and employees from any and all liability for any such accident or liability.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD

Also, I understand that all rules and regulations for the camp will be enforced and any violation by my child will result in a collect call to me with a possible request to come and pick up my child with no refunds being given.

INSURANCE COMP : _____

POLICY NUMBER : _____

PHYSICIAN : _____

ADDRESS : _____

PHONE : _____

KNOWN ALLERGIES : _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____