

WAIVER AND RELEASE

We, the undersigned, for ourselves, our heirs, executors and administrators Waiver, release and forever discharge Reevo United Summer Soccer Camp, its staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in camp activities, or arising from traveling to and from the camp, whether said damages, injury or loss is due to negligence or not.

Parent/ guardian signature: _____

**REEVO UNITED SOCCER CAMP
MEDICAL RELEASE FORM**

I/We hereby grant permission to Reevo United Soccer Camp, its designated medical personnel to render aid, treatment and medical care deemed reasonably necessary to the health and well-being and I additionally grant, when necessary for protecting the health and well being of:

(Name of Camper) _____
has permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

Camper's Date of Birth: _____

Medical Insurance Name and Number: _____

Any additional name(s) or emergency contact number(s) not listed on the application page: _____

CAMPER INFORMATION

Allergies: _____

Is camper presently on any medication _____

Does the camper have any restrictive physical limitations? _____

Parent/Guardian Signature: _____

Date: _____
Please complete



**REEVO UNITED
SOCCER CAMPS**

AT MUNICIPAL PARK BLACKSBURG



ReevoUnitedSoccer.com

Boys & Girls

Ages 5- 15

9 AM - 12 PM

TUESDAY MAY 30th - FRIDAY JUNE 2nd