

FIRST NAME: _____ **LAST NAME:** _____ **CAMP DATES:** _____

PARENT CONSENT, WAIVER AND RELEASE: MID ATLANTIC SOCCER ACADEMY

In consideration of the Mid Atlantic Soccer Academy acceptance of (camper's name) _____ as a participant in the camp and permission to allow participant's parents or legal guardians to watch the participant for the period in the dates indicated above, and in return for the opportunity to participate in this camp: It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named participant is physically able to participate in the Mid Atlantic Soccer Academy and that I know of no physical impairments which would in any manner limit his participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by Mid Atlantic Soccer Academy to administer outpatient medical, surgical, or dental services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary. In consideration for honoring the participant's request to participate, and his parents or legal guardians' - request to watch the above activity, I, for myself, and the participant, as well as my (and the participant's) executors, administrators, and assigns, do hereby release and forever discharge Mid Atlantic Soccer Academy, its respective entities, administrators, employees, agents, and participants from any claims that I might have myself or could bring on the participants behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity and my watching of this activity. I also hereby agree to save, hold harmless, and indemnify Mid Atlantic Soccer Academy and/or its respective entities, administrators, employees, agents and participants against any and all claims, including claims of negligence or failure to supervise, which I might bring myself or could bring on the participant's behalf against them as a result of his participation in or my watching the above activity. I recognize that this Release means that I am giving up, among other things, rights to sue Mid Atlantic Soccer Academy, its respective entities, administrators, employees, agents or participants for injuries, damages or losses that my child or I may incur.

MEDICAL INSURANCE INFORMATION

INSURER: _____ **PHONE #:** _____ **GROUP #:** _____ **ID#** _____

MEDICAL HISTORY (INCLUDING, BUT NOT LIMITED TO INJURIES, SURGERIES, ALLERGIES): Write "NONE" if not applicable

MEDICATIONS: Write "NONE" if not applicable

OTHER SPECIAL CONSIDERATIONS (E.G. DIETARY NEEDS) OR ACCOMMDATIONS: Write "NONE" if not applicable

EMERGENCY CONTACT INFORMATION

1. **PARENT/GUARDIAN NAME:** _____ **PARENT OR LEGAL GUARDIAN'S SIGNATURE – ON BEHALF OF PARTICIPANT** _____

PHONE#: _____

DATE: _____

2. **PARENT/GUARDIAN NAME:** _____ **PARENT OR LEGAL GUARDIAN'S SIGNATURE – ON BEHALF OF PARTICIPANT** _____

PHONE#: _____

DATE: _____