



**FUTSKILZ SOCCER TRAINING**  
"Providing the tools to play the game"

**Waiver and Medical Release Form**

**Camper Information:**

Player's Full Name: ..... Age: .....  
Date of Birth: .....  
Parent/Guardian's Full Name: .....  
Street Address: .....  
City: ..... State: ..... Zip Code: .....  
Day Time Phone: ..... Night Time Phone: .....  
Cell/Work Phone: ..... Pager Number: .....  
E-mail: .....

Emergency Contact Information if Different from above:  
Name: ..... Relationship: .....  
Cell/Work Phone: ..... Pager Number: .....

**Health Information:**

Injuries/illness: .....

Medication and frequency: .....

Special Instruction: .....

I, the undersigned, being the parent or legal guardian of the aforementioned child requesting camp admittance to Futskilz Soccer Training and use of any facilities do so entirely at their own risk. Furthermore, the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis and any such condition is disclosed and accepted by the camp authority. I also understand that there is no reason that the participant can not or should not participate in vigorous training or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby give my full consent to allowing the camp supervisors and staff to procure any medical treatment deemed necessary and advisable on behalf of my child or ward without prior consent. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release Heidi Mueller, the camp director, all and every member of the camp staff, and the Futskilz Soccer School from all and any liability from injury or illness, mental or physical, suffered by the camper during or related to the camp/ training.

I, ..... the legal parent/guardian of ..... have read and understand the above and acknowledge and accept full responsibility as described above.

Signed: ..... Dated: .....