

Matz Soccer Academy

HEALTH INSURANCE INFORMATION

Company: _____

Policy #: _____

PHYSICIAN INFORMATION

Doctor: _____

Phone #: _____

EMERGENCY CONTACT

In case of an emergency, it is necessary for us to have both home and work telephone numbers for the camper's parent/guardian.

Home #: _____

Work #: _____

Camper's Name: _____

PARENT/GUARDIAN SIGNATURE

I (please print) _____ parent/guardian of above camper hereby authorizes the staff of Matz Soccer Academy to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release University, its corporators, trustees, employees, students, and agents from any and all costs, liability and expense for any personal injuries or illness in any way related to participation in the clinic program. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the academy program, as outlined in this brochure. I also understand the Academy retains the right to use, for publicity and advertising purposes, photographs of players participating in the academy program.

Signature: _____

Date: _____