

Matz Soccer Academy

EMERGENCY INFORMATION AND RELEASE FORM

(This form must be signed and returned no later than July 1, 2011.)

Campers Name: _____ Home Phone: () _____

Home Address: _____ Zip Code: _____

Parent/Legal Guardian Contact for Emergencies: _____

Home Phone: () _____ Work: () _____ Cell: () _____

Alternate Contact: _____ Phone: () _____

Relationship to Camper: _____

Your application is not complete without the following information. No camper will be permitted to participate in any capacity without all information filled out.

HEALTH INSURANCE INFORMATION

Health Insurance is required of all participants.

(No camper will be accepted into the Academy without medical insurance.)

Insurance Company: _____

Policy #: _____

Subscriber: _____ Relationship to policy holder: _____

Physician: _____ Phone #: _____

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, 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: _____