

Matz Soccer Academy

EMERGENCY INFORMATION AND RELEASE FORM

(This form must be signed and returned no later than July 1, 2010.)

Campers Name: _____ Home Phone: () _____

Home Address: _____ Zip Code: _____

Parent/Legal Guardian Contact for Emergencies: _____

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

Alternate Contact: _____ Phone: _____

Relationship to Camper: _____

I consent to have the administrators and sports medicine staff of the Matz Soccer Academy act in our behalf in case of any emergency and hereby grant permission to said administrators/staff to authorize medical attention by a physician, nurse or hospital. I understand that any medical treatment is not payable by the Academy or administrators/staff.

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: _____

Printed Name of Camper _____

Signature of Parent/Guardian: _____ Date _____