



Please e-sign and return the following registration forms:

## Participant Information and Medical Release Form

Once e-signed, please email all registration forms to – [elliott@soccerfuncamp.com](mailto:elliott@soccerfuncamp.com)

Please include your full name along with child/participant's full name.

We look forward to a great camp together!

Thank you,  
Soccer Fun Camp Staff



# Participant Information

Participant's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Legal Guardian email address: \_\_\_\_\_

## EMERGENCY INFORMATION:

Parent name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Parent name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

## IN AN EMERGENCY WHEN PARENT(S) CAN NOT BE REACHED, PLEASE CONTACT:

Contact name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Work phone: \_\_\_\_\_

## MEDICAL INFORMATION:

Allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Participant's physician \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical and/or hospital insurance company: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy holder's name: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_



# Medical Release Form

## **PARENT/LEGAL GUARDIAN APPROVAL AND MEDICAL RELEASE**

Athletic activities are inherently dangerous. Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at the event, and in consideration for Soccer Fun Camp accepting the participant for its soccer day-camp program and activities (the "camps"), I hereby release, discharge, and/or otherwise indemnify and hold harmless Soccer Fun Camp, its coaches, volunteers and parents, and affiliate organizations and sponsors, associated personnel, including the owners of the fields, and facilities utilized for the camps against any and all costs and claims resulting from injury to the participant as a result of participating in the camp's programs.

My child is physically capable of participating at camp. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for all costs of such assistance and/or treatment.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date