



# CAMP APPLICATION AND MEDICAL RELEASE FORM

## U18 HS Prep Team – Optional Camp 2010

Player Name: \_\_\_\_\_ Gender: Male Female (Circle one)

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E mail(s) (**Required**): \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Guardian Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Emergency Contact / Phone # (Other than parent or guardian) \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Group # \_\_\_\_\_

Known allergies or other pertinent medical information: \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer, and in consideration for the Huntsville Futbol Club and USYSA, accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge and / or other wise hold harmless and defend the above listed soccer associations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs. My child, to the best of my knowledge is , or has received a physical examination by a physician and has been found to be, physically capable of participation in the programs. Therefor, I grant the designated Coach and/or other authorized Huntsville Futbol Club coaches or managers, permission to act as my surrogate for my child in the area of obtaining emergency medical treatment by a doctor of medicine or dentistry in my absence while participation in the programs, to include emergency transportation for such treatment. I also assume the financial responsibility for any such medical treatment for my child.

\_\_\_\_\_  
Signature of Guardian

Date: \_\_\_\_\_

---

### CAMP COST

- \$50 payable on first day of camp

Check Number: \_\_\_\_\_