

SUMMER
SOCCER YOUTH CAMP 2018
Girl's Soccer Program of M. L. King High School

*****Medical and Liability Release*****

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY: _____ ZIP: _____

Other Phone: _____

My daughter, _____, has my consent to play in the Summer Soccer Camp sponsored by the Girl's Soccer of M. L. King High School. Should it be necessary for my Daughter to have medical treatment during this event, I hereby give him/her coaches and the Camp staff permission to use their judgment in obtaining medical service for my Daughter. I understand that the Girl's Soccer of M. L. King High School, M. L. King High School, Riverside Unified School District, do not have insurance to cover the medical or hospital costs incurred for such treatment. Any costs incurred shall be my sole responsibility. I have read and understand the foregoing statements and agree to assume the responsibility and waive any and all claims. **Because this Camp is not an official school function, there will be NO trainer available.**

Parent/Guardian: _____ Date: _____

Medical Information:

In case of an emergency or injury, I would like you to do the following:
(Please prioritize by listing 1 thru 4)

_____ Call me at _____
_____ Call Doctor _____ at _____
_____ Call an ambulance
_____ If necessary, take my Son/Daughter to hospital at _____

My Son/Daughter is covered by _____ Policy # _____
[Insurance Company]

*****Please bring form to Camp*****