

**Champion Soccer School**  
**Consent, release and authorization for campers and staff under 18**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

I am the parent or guardian of the above named child (the "player"). I consent to the participation of the player in programs operated by Champion Soccer School, including but not limited to swims, training sessions, practices, games and tournaments. I understand that the such programs are hazardous by their nature and I assume all risk of injury or death arising from such activity and accordingly I release, indemnify and agree to hold harmless Champion Soccer School, and their respective directors, operators, sponsors, counselors and staff from any claim, suit, demand or action arising in connection with the player's participation in programs operated by Champion Soccer School. I further assume all responsibility for all transportation to and from such programs. If the player requires medical attention in the judgment of the supervisor of any program in which the player is participating, and the player's parent or guardian or emergency contact cannot be reached after reasonable efforts to contact them (it being understood that no such efforts are required in case of emergency) the undersigned hereby authorizes such supervisor or a representative of Champion Soccer School to obtain and authorize medical treatment for the player. I have carefully read the above waiver and release, and fully understand its contents. I understand this is a release of liability and I give up substantial rights by signing it, and sign it voluntarily.

Parent's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact information:**

Mother's name \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Father's name \_\_\_\_\_ Daytime telephone \_\_\_\_\_

In the event that neither parent can be reached please provide information for an emergency contact:

Contact's name \_\_\_\_\_ Daytime telephone \_\_\_\_\_

**Health Care information:**

Provider Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance \_\_\_\_\_ Group number \_\_\_\_\_

**Please list and describe any conditions or injuries of which Champion Soccer School should be aware:**

