



Andy Fleming Soccer Camps Medical Waiver and Release Form

Camper's Name (Please Print): _____

I (parent, applicant-participant) understand that Andy Fleming Soccer Camps are not responsible for accidents or injuries occurring at camp or during transportation of participants to and from camp resulting in medical, dental or other expenses, including the loss of personal items. The camp participant will be held responsible for all property damage that the participant may cause and may be sent home without a refund for violation of camp rules. The applicant must be in good health and be able to participate in the physical activity of a vigorous soccer program. A health form must be completed by the applicant's physician (enclosed) and must be presented at camp registration. In the event that I cannot be reached, it is permissible for Andy Fleming Soccer Camps to have a doctor/hospital treat my child for medical reason. In addition, I give Andy Fleming Soccer Camp permission to transport the above mentioned child to and from training fields. Also, the undersigned individual and/or as parent or legal guardian of the above mentioned child understands that this camp is not owned or operated by any of the Andy Fleming Soccer Camp sites, and do hereby agree to waive, release and hold harmless the sites in which Andy Fleming Soccer Camp and its agents, servants and employees from any and all causes of action including, but not limited to negligence and property damage. I do also hereby release Andy Fleming Soccer Camps and all those mentioned above and any others acting on behalf of Andy Fleming Soccer Camps from any responsibility or liability for any injury or damage to the camper named in this release, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with the camper's participation in any activities of the Andy Fleming Soccer Camps.

Insurance Company: _____

Policy Number: Group Number: _____

Parent/Guardian Email Address: _____

Special Medical Concerns: _____

Parent/ Guardian Name (Print): _____

Parent/Guardian Signature: _____

Email: _____

Date: ____ / ____ / ____