

# Success in Soccer Camps Emergency Contact and Release Form

Camp Session #: \_\_\_\_\_

\_\_\_\_\_  
PARENTS SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

Campers Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Day): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Phone Number (Eve): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

In Case of an Emergency and parent/guardian cannot be reached:

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company (REQUIRED)

Ins. Co, \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Employer \_\_\_\_\_

## WAIVER DISCLAIMER

I understand that there are risks involved with my child's participation at the Success In Soccer Camps. I hereby authorize the directors of Success in Soccer Camps, Inc. to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of the Success In Soccer, Inc. from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this camp. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

I certify that my child is in good health, and may participate in strenuous physical activities at the camp. I certify that there are no physical limitations to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge Success in Soccer Camps, Inc. the Camp, and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the Camp. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the Camp is taking place and agree that if any portion of this release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me to all of its terms.

I waive and release the University of South Florida, the Board of Trustees, The Board of Governors, the State of Florida, the USF Foundation, The Sun Dome, Inc. (or any other entity designated by Florida law to manage, operate and/or oversee the University of South Florida or the Board of Trustees), and their heirs, assigns or successors in interest of any and each of them from any and all liability which may result or arise from either my child's athletics participation or any medical treatment my child may receive.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE