

International Soccer Clinic U.S.A

TREATMENT / MEDICAL AUTHORIZATION / LIABILITY RELEASE

Name of Child/Children: _____

Clinic Date: May 29th through June 2nd

In the event I cannot be reached immediately by telephone at the number(s) shown below in an emergency situation or under circumstances where a duly licensed physician suggests, recommends, or prescribes the administration of surgical or medical treatment or procedures reasonably necessary or advisable to protect or safeguard the health of the above-named child, I hereby authorize:

THE INTERNATIONAL SOCCER CLINIC STAFF (Warren Arde)

Or any other adult as may be temporarily responsible for the supervision, safety, or welfare of the child named above to consent, either orally or otherwise, to the administration of surgical or medical treatment or procedures.

I further certify that I am the parent (if not parent, grandparent) or guardian of the above-named child and that I am not now, nor have I ever been adjudicated incompetent in any court of law. Further, jointly and severally, as parents of the minor child, release and discharge International Soccer Clinic U.S.A. from any and all liability, claims or demands arising from the above-named minor participating in the soccer programs and clinic.

The above child will be picked up at 4:00 PM each day and at 3:00 PM on Saturday. Campers ages 4, 5 and 6 will be picked up at 12:00 PM each day. The person picking up the camper must be listed below.

(Name)

Should this arrangement change during the course of the above 5 days, I am fully aware that I must notify the clinic director immediately of the change in transportation arrangements. For obvious safety reasons, no child will be permitted to travel home with an unauthorized driver unless prior notification has been delivered to the clinic director.

Name of Parent / Guardian: _____ Date: _____

Telephone Number: _____ (H) _____ (W) _____ (C)

Signature: _____

**** Waiver is sufficient for all family campers****