





## MAITLAND SOCCER CLUB - SUMMER CAMP 2011

### Health/Medical Waiver

The parent or guardian signing below understands that the participant will engage in physical activity which contains risk of physical injury, and assumes the risk and responsibility that may occur during this program and releases Maitland Soccer Club, Inc. Summer Camp, and its affiliates, schools, directories, coaches, employees and all liability which may be incurred during this program.

I hereby grant permission for my son/daughter to attend Maitland Soccer Club, Inc Soccer Camp and to be treated by a licensed physician or member of the athletic staff for any personal injury or accident that may occur. I agree to pay through my insurance or personal means for any and all medical treatment that may be necessary.

I certify that my child is in good health and is able to participate in all camp activities.

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PARENT/GUARDIAN NAME

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PARENT/GUARDIAN SIGNATURE

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DATE

Please list any allergies medication or medical conditions:

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How did you hear about us? \_\_\_\_\_

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