

PREMIER SOCCER ACADEMY CAMP

MEDICAL RELEASE/REGISTRATION



Type of Camp (Age Group) _____ Date of Camp _____

Name of Camper _____ Date of Birth _____

Address _____

Home Telephone _____ Email Address _____

Emergency Contact Information:

Name of Contact Person _____ Telephone _____

List any Medication(s) being taken _____

List any orthopedic injuries within the past year and describe the nature and severity of the injury

Family Physician _____ Telephone _____

Address _____

Date of Last Physical Exam _____

Health Insurance Company _____

Health Policy ID Number _____ Name of Policy Holder _____

I understand that I am financially responsible for any medical bills incurred by my child while at camp. In case of emergency, I grant permission for my child to be given emergency treatment by any appropriate medical personnel. In consideration of the use of premises and facilities owned by Hamilton County Dept of Education (Red Bank High School), and/or operated by Premier Soccer Academy and/or in consideration of permitting me to participate in the activities on behalf of myself, my heirs, executors, administrators, successors or assigns, I hereby release and forever discharge, the Premier Soccer Academy, or Pedro Kozak, or Hamilton County Dept of Education (Red Bank High School), its agents, servants, and employees of and from any and all manner of actions, suits, damages, claims and demands on account of personal injury, including death, or any other damages whatsoever, which I may have against them by reason or arising out of my participation in the above listed activity.

Signature of Parent/Guardian _____ Date _____

Camper's Signature _____ Date _____

Refund Policy: If an accepted application is withdrawn for any reason up until 8 days prior to the start of camp session, you will receive a refund less \$50 cancellation fee. NO refund will be issued within 1 week of camp session's start date.

Submit forms & make check(s) payable to:
Premier Soccer Academy, P.O. Box #237, Hixson, TN 37343