

No LIMITS SOCCER ACADEMY



Liability and Medical Release

I the parent/legal guardian of the registrant, a minor, agree that I and the registrant will abide by all the rules of the No Limits Soccer Academy, its affiliated organizations, owners, and sponsors. Recognizing the possibility of physical injury associated with soccer and sports activities in general and in consideration for No Limits Soccer Academy accepting the registrant for its soccer camps and activities, I hereby release, discharge and/or otherwise indemnify No Limits Soccer Academy, its owners, its affiliated organizations and sponsors, their employees and associated personal, including the owners of the fields and facilities utilized for the activities against any claim by or on behalf of the registrant as a result of the registrants participation in the camp or training programs and/or being transported to or from the same, which transportation I hereby authorize.

Full name of camp or training participant: _____ Date: _____

Parent/Legal Guardian: _____ Signature: _____

As a parent or legal guardian of _____, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent(s).

Signature of Parent/Legal Guardian: _____

Who to call in case of emergency: _____ Phone #: _____

Please provide any additional information necessary, medical or otherwise: