



Camp Attending:

2017 Ray Reid Soccer School Waiver and Release

Camper's Name: _____

I (parent, applicant-participant) understand that the Ney Franco Soccer Academy is not responsible for accidents or injuries occurring at camp or during transportation of participants to and from camp resulting in medical, dental or other expenses, including the loss of personal items. The camp participant will be held responsible for all property damage that the participant may cause and may be sent home without a refund for violation of camp rules. The applicant must be in good health and be able to participate in the physical activity of a vigorous soccer program. In the event that emergency medical aid/treatment is required due to illness or injury during the camp, it is permissible for the Ney Franco Soccer Academy to secure and retain medical treatment and transportation if needed. In addition,

I do also hereby release the Ney Franco Soccer Academy and all those mentioned above and any others acting on behalf of the Ney Franco Soccer Academy from any responsibility or liability for any injury or damage to the camper named in this release, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with the camper's participation in any activities of the Ney Franco Soccer Academy.

I also grant the e Ney Franco Soccer Academy right to use any photographs of camp activities in future promotional materials for the camp.

Parent/Guardian Signature: _____

Insurance Company: _____

Policy Number: Group Number: _____

Special Medical Concerns: _____

Parent/Guardian Email Address: _____

Date: _____