

PNA Soccer Academy Spring Break Camp Registration & Waiver Form

Player's Name: _____ Age Group: _____

Camp Dates: (circle one) 22-26 March 2010 29 March- 2 April 2010

Parent/Guardian Name: _____

PNA Soccer Academy Member: Yes _____ No _____

Phone #: _____ 2nd Phone #: _____

Email: _____

Waiver/Idemnification

Parent or legal guardian must sign below before player is accepted to participate in the PNA Soccer Academy Camps:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician, is physically fit to participate in the camps and has medical insurance. I understand there are inherent risks to participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at PNA Soccer Academy Camps. I further agree to indemnify and hold harmless PNA Soccer Academy and its agents, employees and representatives, from any and all liability, damage, or expense arising out of my child's participation at PNA Soccer Academy camps.

In the event that I cannot be reached in an emergency, I hereby give permission for a qualified PNA Soccer Academy staff member, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my child.

Signature of parent or legal guardian:

_____ Date: _____