

Titan Soccer Camp

c/o Mark Wolcott, Tuscarora HS, 5312 Ballenger Creek Pike, Frederick, MD 21703

Phone: 240-236-6547 E-Mail: camp@titanssoccer.org

Web Site: www.titanssoccer.org

TITAN SOCCER CAMP EMERGENCY INFORMATION

Player Name: _____ DOB: _____

Address: _____

Home Phone Number: _____ Emergency Phone Number _____

Medical Insurance Company: _____

Policy Number: _____

Family Physician: _____

WAIVER AND AUTHORIZATION:

Recognizing the possibility of physical injury associated with the sport of soccer, I hereby release, discharge, and/or otherwise indemnify the Titan Soccer Camp, its ownership, staff, affiliates and associated personnel, including the owners of facilities utilized by the camp against any claim made by or on behalf of the player listed above as a result of the player's participation in camp activities. I certify that the player above has adequate medical insurance, is in sound physical condition and capable of participating in soccer activities and that there are no medical conditions that would prevent her participation, or be adversely affected or influenced by her participation, in soccer activities conducted by the Titan Soccer Camp.

In case of emergency, I authorize treatment to be given by my family physician or the nearest Hospital's emergency department. I permit the Titan Soccer Camp staff to act on my behalf in accordance with their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature: _____ Date: _____