

Insurance, Waiver and Parental Authorization Information

I approve of my child's attendance at the Team Ohio FC Soccer Camp and certify that he/she is in good health and able to participate in the camp's activities. In the event of an emergency, I grant permission for my child to be given the required medical attention at the nearest hospital. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my child:

Parent/Guardian Signature

Emergency Phone Number

Insurance Company

Policy #

In further consideration of the Team Ohio FC Soccer Camp accepting this application, I/We hereby agree to save and indemnify and keep harmless the Team Ohio FC Soccer Camp, its agents and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant of the Team Ohio FC Soccer Camp.

Parent/Guardian Signature

Date