

FULL PITCH SOCCER ACADEMY

PLAYER WAIVER FORM

I certify that my child is in excellent health and has my approval to participate at the Full Pitch Soccer Academy. During the period of the Academy, we hereby individually give permission to the Academy staff to administer first aid and to act for me according to their best judgment in an emergency situation. We understand that a conscious effort will be made to locate a Parent or Guardian in such an event. I hereby waive and release Full Pitch Soccer Academy and sponsors from any and all liability for any injuries or illnesses incurred while at Camp. My signature also indicates my permission for Full Pitch Soccer Academy to use any pictures and videos from camp for promotional purposes.

Child's Name

Child's Age

Team / Club

Parents Name (print)

Parent's Signature

EMERGENCY CONTACT

Name

Phone Number