



## Upper 90 Soccer Academy

I hereby state that my child is in good health and has my permission to participate in all camp activities. I fully understand that the activities related to soccer are physically demanding and may result in injury/illness. I authorize the soccer camp staff to act for me in securing medical treatment for my child in the event of an injury or illness. By signing below, I agree that in case of an accident involving my child while attending Upper 90 Soccer Academy, I release Hector Morales, the camp staff, the camp, the coaches, the ownership, Bretton Woods, and the state of Maryland from any and all liability. In addition, by signing below, I attest that I have the authority to sign this form as a legal parent/ guardian of the registered camper. To the best of my knowledge, I attest that all the information below is accurate.

**Camper's Name** \_\_\_\_\_

Condition	Yes	NO	Comments
Allergies (food, drug, insects)			<b>Describe reaction/treatment:</b>
Asthma			
Behavior/Emotional Problems			
Birth defects			
Bladder problems			
Bleeding problems			
Bowel/Urinary problems			
Concussion/Head injury			<b>If Yes, when, where, and how/treatment</b>
Ear Problems/Deafness			
Eye/Vision Problems			
Heart/Coronary Problems			
Hospitalization			<b>If Yes, when, where, and why/treatment</b>
Limits on Activity			<b>Describe:</b>
Medication			
Seizures			
Speech Problems			
Surgery			<b>If Yes, when, where, and why</b>
Any other pertinent info.			

Signature \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Name of Person To Contact: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_