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2018 Premier Goalkeeping Academy

Medical Release/Waiver of Liability Form

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc., underneath the duration of the person listed below until such time as I may be contacted. This release is in effect for June 17 through June 22, 2018. I also assume the responsibility of any such treatment. Please provide the following information:

Address: _____

Home Phone: _____

Work Phone: _____

In case I cannot be reached, I hereby designate the following person to act in my behalf: _____,

Phone # _____.

Insurance Company: _____

Policy #: _____

Family Physician: _____

Address: _____

Phone #: _____

Known Allergies: _____

Other medical Information that we should be aware of _____

By signing this waiver, I am releasing the Premier Goalkeeping Academy and Erskine College: as well as allow their officers and employees, from responsibility of any accidents that may occur on or about the premises while participating or as a spectator in the Premier Goalkeeping Academy Camp.

Signature of parent or Guardian: _____

Date: _____