

**2023 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 July 16 through July 20, 2023. 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: \_\_\_\_\_