



SPRING ID CLINIC - 2020 WAIVER FORM

Saturday, April 18th

Sunday, April 19th

I verify to the best of my knowledge that the named applicant below is physically able to participate in the activities of the camp. I the undersigned waive and forever discharge the New England Soccer Clinics at Brandeis University, its staff, officer, agents, representatives, employees and successors from and all rights and claims for damages to person or property while at the camp site. To register the camper must have valid medical insurance during the selected soccer session. I hereby authorize New England Soccer Clinics to act on my behalf according to their best judgment in any medical emergency.

If the camper should be restricted from any activity, please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history, which would require special attention:

Does the camper have any allergies: Yes/No

If yes, please explain: _____

Drug Reactions: Yes / No.

If yes, please explain: _____

Participant Name: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

Emergency Contact Name: _____ **Phone #:** _____