

CCYSA-Euro Select Soccer Camp
Waiver Form
July 14 to 18, 2008

As the parent/legal guardian of _____, a minor, I/we understand that he/she is about to become a participant in a soccer camp hosted by Crawford County Youth Soccer Association (CCYSA) and conducted by Euro Select Soccer Camp. I/we understand that there are certain risks of injury associated with playing soccer and I/we agree to assume those risks. I/we believe that my/our son/daughter is in proper physical condition to participate in this camp. I/we understand further that it is my/our obligation to have him/her undergo a physical examination prior to participation in this camp to determine his/her fitness. I hereby release and forever discharge CCYSA and Euro Select Soccer Camps, their members, officers, coaches, and employees from any and all liability, including liability for antecedent negligence, for injury to my/our son/daughter by reason of his/her participation in the soccer camp. I/we understand that CCYSA/Euro Select Soccer Camp is not providing any insurance for my/our son/daughter if he/she sustains injury; it will be solely my/our responsibility to provide and pay for any medical treatment required. In the event of injury or illness involving my/our son/daughter, I/we authorize the coaches or other representatives of Euro Select Soccer Camp and/or the affiliate to arrange for and consent to, on my/our behalf, any required medical treatment.

My/our son/daughter has the following medical problems, which should be noted:

My/our son/daughter has the following allergies, which should be noted:

My/our medical coverage Company name:

Policy number: _____

In case of emergency, I/we can be reached at: Home Phone # (_____) _____

Work Phone # (_____) _____ Cell# (_____) _____

Physician: _____ Phone # (_____) _____

Nearest friend or relative you can contact in an emergency should you be unable to reach me/us is: Name: _____ Phone # (_____) _____

Parent's Name _____

Signature _____

Date _____

Registration Form
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Player's Name _____

Age _____ Sex _____ Shirt size* _____

Address _____

Parents Home Phone _____

Parents Work Phone _____

Parents Cell Phone _____

Email _____

Medical Insurance Co. _____

Policy Number _____

Physician _____

List any allergies medical problems which should be noted:

* Shirts available in YM, YL, AS, AM, AL, AXL

Print and complete both forms. Mail them to:

Euro Select Soccer Camp
c/o Ted Eriksen
14991 Mercer Road
Townville, PA 16360