

# **2010 Pittsford Premier Soccer Camp Medical Release Form**

Please read the following:

It is understood that the Pittsford Premier Soccer Camp is not responsible for accidents resulting in medical, dental, or other expenses including loss of personal items.

A non-refundable fee of \$50.00 is required by July 24, 2010.

As legal Guardian of the participant below, I grant permission to provide emergency treatment if necessary. The participant below and his/her family assume the risk of injury while participating, therefore, releasing Pittsford Premier Soccer Camp, camp staff, camp coordinator, and the Pittsford athletic department and school district from liability.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_