



SUMMER CAMPS 2020

CAMP LOCATIONS: YMCA Kennedy Center

Player's Name: _____ Date of Birth: _____

Player's Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Email: _____

T-Shirt Size: _____ Emergency Contact: _____

Permission to Participate:

Release of Liability and Authorization for Medical treatment:

The named participant is in good health and has my permission to participate in the soccer camp(s). I hereby release Square One Sports, and all their respective employees, officers, directors, agents, officials, and volunteers from and against any liability claims and demands for any injury or illness incurred at the soccer training, camp/program.

I, _____ hereby assume complete financial responsibility for any personal injury and property damage created because of an intentional or negligent act of my child or award while he or she is attending soccer camp.

If my child needs medical treatment and my consent cannot be obtained, I also agree that Square One Sports has my consent to appropriate medical treatment for my child.

Please Complete Back Page.....



Social Media Consent/Release

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize SOS to use my Child's photo and/or information related to soccer. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, and media and/or other similar ways.

This release will be in effect during the camp/program dates listed above.

Signature

Date