



Medical Information Required

Name: _____

Phone: _____

Family Physician: _____ Physician's Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Insurance Company Address: _____

Date of Last Tetanus Shot _____

Allergies/Medications

I give my child permission to participate in the HSA Soccer Camp. I have no knowledge of any physical impairment that would affect this camper from participating in the camp's program. I also give permission for my child to be given emergency treatment at a local hospital. Upon signing, I agree that in case of an accident while in the HSA Soccer Camp, I accept full responsibility for any and all liabilities and release Harford Soccer Academy LLC, the camp instructors/directors, John Carroll High School, or any recreational facilities that may be used for Camp from any liability. I hereby, by signature, acknowledge reading and understanding the terms of this agreement and verify that my child is physically fit to participate in this event.

Parent/Guardian Signature

Sign: X _____

Print: X _____

