



# World Cup Soccer Academy and Sports Camps Since 1993

## Registration and Medical Release and Consent Form

In cooperation with *Plymouth Soccer Club*

### REGISTRATION INFORMATION:

PARTICIPANT 1 (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### Camp Selection (list all camps your child will be attending)

*list any additional camps CLEARLY on reverse side*

CAMP 1 \_\_\_\_\_ Dates \_\_\_\_\_  
 CAMP 2 \_\_\_\_\_ Dates \_\_\_\_\_  
 CAMP 3 \_\_\_\_\_ Dates \_\_\_\_\_

**If registering more than one child, please list additional children's names and camp information below.**

PARTICIPANT 2 (Name) _____	PARTICIPANT 3 (Name) _____
CAMP 1 _____ Dates _____	CAMP 1 _____ Dates _____
CAMP 2 _____ Dates _____	CAMP 2 _____ Dates _____
CAMP 3 _____ Dates _____	CAMP 3 _____ Dates _____

### EMERGENCY CONTACT INFORMATION:

Mother/Guardian's Name \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Father/Guardian's Name \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION:

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MEDICAL PROBLEMS OR PHYSICAL LIMITATION OR SPECIAL NEEDS/SPECIAL SITUATIONS THAT THE STAFF SHOULD BE AWARE OF:

***The staff cannot take responsibility for the administration of any medications.***

**Insurance:** All participants are required to be covered by a personal or family medical plan including hospitalization, before they may participate in any programs. I certify that the person named above has such a plan.

Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

### RELEASE:

I am aware that there are risks in all recreational activities. In signing this release, I give permission for my son or daughter (named above) to participate in all aspects of this activity including transportation to and from the place of activity, and swimming if part of the program. I, the undersigned parent/legal guardian do hereby release, absolve, indemnify and hold harmless, World Cup Soccer Academy, the Township of Plymouth, Plymouth School District, Plymouth Soccer Club, Sponsors, Organizers, and any of their agents or staff liable for any and all personal injuries or property damage sustained by me or my minor child in connection with participation in such activity. I agree to adhere to all rules, policies, and judgments that are associated with participation in the above activity. I hereby grant permission to allow photographs to be taken for publicity purposes.

Parent/Guardian Signature or Adult Participant \_\_\_\_\_ Date \_\_\_\_\_