

Austintown Fitch Girls Soccer Camp Waiver Form 2009

The parent(s)/ legal guardian(s) of the minor child/ player listed below, and on behalf of their family, by signing this Austintown Fitch Soccer Camp Waiver Form, hereby voluntarily release, waive, relinquish, and discharge the Austintown Fitch Soccer Camp, Austintown Fitch High School, Austintown Fitch Athletic Department, The Fitch Soccer Boosters, The Austintown Local School District and all affiliated organizations and their officers, coaches, athletes, directors, representatives, volunteers, and agents from any and all liabilities, claims, suits, actions or causes of actions (whether participated or not participated) arising out of any and all actions, injuries, death, or damages of any nature incurred while participating in, or traveling en route to, and from the Austintown Fitch Soccer Camp. The terms of this release and waiver are applicable to all games and activities, and all off the field activities while participating in the Austintown Fitch Soccer Camp. The parent/ legal guardian referenced below is solely responsible for providing for its own medical insurance for the player listed on this form and shall hold harmless the above organization from any and all claims arising from their participation, whatsoever.

Child's Name PRINTED: _____

Parent / Legal Guardian Name PRINTED: _____

Parent / Legal Guardian SIGNATURE: _____

Emergency contact name: _____ To call: _____

Emergency contact's name (relationship to child): _____

***NO PLAYER WILL BE ALLOWED TO PARTICIPATE IN THE CAMP WITHOUT A VALID WAIVER SIGNATURE ON FILE WITH THE AUSTINTOWN FITCH SOCCER COACHES.**

PLEASE LIST BELOW ANY AND ALL MEDICAL ISSUES THAT WE SHOULD BE AWARE OF: