



„SOCCER IS LIKE LIFE... YOU NEED GOALS „

**PNA Soccer Academy
Camp Registration and Medical Form/Liability Waiver
Yorkville, Summer 2010**

Camper's name _____

PNA Academy Member: yes no (cost for members is \$340, non-members \$380)

To be completed by parent/guardian:

1. List all known allergies _____

3. List any other medical conditions you are aware of that may interfere with this camper's participation

WAIVER

As the parent/guardian of the applicant, I hereby grant permission for him/her to participate in the PNA Soccer Academy camp in Yorkville, IL and represent he/she is physically able to participate in camp activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the camp, PNA Soccer Academy, its employees, officers and Regents from all claims resulting from illness, injuries or other damage which may be sustained by the child during attendance at the camp. I furthermore agree and promise that we will not hold PNA Soccer Academy or any of the above parties responsible in this respect. This waiver of liability expressly includes transportation to/from or in connection with such camp. In the event of illness or injury, we hereby authorize the staff members of the camp to obtain assistance from doctors, nurses or athletic trainers for medical, surgical or any other appropriate treatment for the above mentioned child. Furthermore, I grant permission and consent for the PNA Soccer Academy and attending staff to provide any medical treatment, which, in their opinion, is deemed and necessary (physician or hospital visits). If medical/surgical care is obtained, we will not hold the camp or PNA Soccer Academy, its employees or Regents responsible or liable for the judgment of and/or treatment by the physician. I understand that the camp director, PNA Soccer Academy and the any employees **cannot** assume responsibility for medical, dental or other health expenses incurred as a result of my child's stay at camp.

Signature of parent/guardian _____ Date _____

Parent/guardian's name (please print) _____

Home phone _____ Work phone _____ Mobile phone _____

Further, I hereby grant full permission to all persons associated with this event to use any photographs, video tapes, motion pictures, recordings or any other record of this event involving the applicant for publicity and promotional purposes.

Signature of parent/guardian _____ Date _____

Return this form signed and dated to PNA Soccer Academy Office.