



## Parental Consent/Medical Waiver Form

I understand that soccer is a contact sport. Inasmuch, there are inherent risks, including physical injury involved in playing. I hereby authorize the staff of Barone Soccer Academy to use their best judgment in any emergency situation and release them from liability resulting from injury sustained as a result of participation in the camp on behalf of \_\_\_\_\_

(Player's name)

Barone Soccer Academy, LLC assumes no responsibility from personal injury, and loss or damage to property. I also certify that the above named player is physically able to participate in soccer camp activities.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

List all medication that your child takes and any medical conditions the camp or a physician should be aware of:

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Emergency Phone Numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Please fill out this form and return it with your payment before participating & to reserve your space at camp.

Barone Soccer Academy LLC.