

2009 Pittsford Premier Soccer Camp Medical Release Form

Please read the following:

It is understood that the Pittsford Premier Soccer Camp is not responsible for accidents resulting in medical, dental, or other expenses including loss of personal items.

A non-refundable fee of \$50.00 is required by July 25, 2009.

As legal Guardian of the participant below, I grant permission to provide emergency treatment if necessary. The participant below and his/her family assume the risk of injury while participating, there fore, releasing Pittsford Premier Soccer Camp, camp staff, camp coordinator, and the Pittsford athletic department and school district from liability.

Parent/Guardian signature: _____

Date: ____/____/____ **Insurance Provider:** _____

Policy Number: _____