SC GERMANIA ELITE SOCCER ACADEMY

Parent permission and acknowledgment of risk

U.S. SOCCER CAMPS / REVIEW DRAFT

Organizer: Before distributing this form, attach any approved liability release and notices applicable to this camp location. This common form records permission and acknowledgment of risk only.

Player name _____

Camp city and state _____

Camp dates (MM/DD/YYYY) _____

Parent or legal guardian _____

Mobile phone _____

Alternate emergency contact and phone _____

Participation and soccer risks

I am the parent or legal guardian of the player named above. I give permission for my child to participate in soccer drills, goalkeeper training, fitness activities and games at this camp. I understand that falls, collisions, contact with balls or goals, and outdoor heat can cause injury, including concussion, fractures or serious illness. I will ask camp staff any questions I have about participation.

Emergency contact

If my child is injured or becomes ill, camp staff may contact emergency services and share the information needed to get help. Please contact me at the number above.

_____ _____

Parent or legal guardian signature Date (MM/DD/YYYY)