

UMBRO ID CAMP WAIVER
MAY 17 & 18, 2017

*****To be filled out by all players and handed in at camp arrival, if not submitted,
you will not be able to participate in the ID Camp.**

FOR MINORS ONLY:

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS OLD. MY PARENTS/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

(If the applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)

The undersigned, _____ (parent/guardian) the parent and natural guardian or legal guardian of _____ (minor's name) hereby the forgoing Waiver and Release for and on behalf of the named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of, or relating to the Soccer Event/ID Camp. I authorize any such Medical Provider to perform all procedures deemed medical advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor.

Player Name (PRINT)	Player Signature	Date
Parent/Guardian (MUST BE SIGNED)	Relationship to Minor	WITNESS