

Hawk Soccer Academy Consent Form

Emergency Contact Information

Parent/ Guardian Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Contact Phone _____ Alt. Contact Phone _____
Email: _____
Relationship to child _____

As the parent or guardian of the child named below, I hereby give my full consent and approval for my child to participate in the Hawk Soccer Academy summer Camps.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in travelling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Hawk Soccer Academy, its officers, employees, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

List of any physical limitations (allergies, hearing, sight, etc.)

Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Parent/Guardian Signature: _____ Date: _____