



**CAMPER NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Circle:** **BOY** **GIRL**

Check enrollment option:

|                               |                   |                          |             |
|-------------------------------|-------------------|--------------------------|-------------|
| ___ Week 1 June 11-15         | ___ Ex-Care (3-5) | ___ Week 5 July 9-13     | ___ Ex-Care |
| ___ Week 2 June 18-22         | ___ Ex-Care       | ___ Week 6 July 16-20    | ___ Ex-Care |
| ___ Week 3 June 25-29         | ___ Ex-Care       | ___ Week 7 July 23-27    | ___ Ex-Care |
| ___ Week 4 July 2-3 Mini camp | ___ Ex-Care       | ___ Week 8 July 30-Aug 3 | ___ Ex-Care |

### **PARENTAL/GUARDIAN AGREEMENT**

Recognizing that Footfire Summer Soccer Camps, a Playing Life Academy program, will do its best to ensure a safe experience, I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity and that soccer training may include physical contact.

I understand that I am required to disclose an officially diagnosed special need and/or any disruptive behavioral issue of my son/daughter, hereafter referred to as "the camper listed in this form". Such disclosure is necessary for the well-being and safety of the camper listed in this form and that of all Footfire Summer Soccer Camp participants. I recognize that failure to disclose such may adversely affect the participation of the camper listed in this form. Understanding this, I state to the best of my knowledge that the camper listed in this form has no medical conditions or behavioral issues that would hinder his/her active participation in Footfire Summer Soccer Camps.

In the case of injury, I authorize the Staff of Footfire Summer Soccer Camps to render first aid and/or obtain whatever medical treatment he/she deems necessary for the welfare of the camper listed in this form. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my insurance would cover such charges and fees.

I understand that Footfire Summer Soccer Camps reserves the right to cancel camp in the event of an emergency, such as a natural disaster, and/or the camp site becomes inaccessible for use, and that Footfire Summer Soccer Camp Staff will contact me as soon as is feasible with pertinent information. I understand the cancellation of camp may require early pick-up of the child listed in this form.

I understand and agree I am assuming full and voluntary responsibility and knowingly assume all such risks entailed by emergencies, natural disasters, death or personal injury, property loss, or damage suffered by the camper listed in this form.

Knowing this and by signing this Parental/Guardian Consent Agreement Form, I am agreeing to release, indemnify and hold Footfire Summer Soccer Camps, Playing Life Academy, and Staff harmless forever from any and all liability costs, including attorney fees, associated with or arising from the participation of the camper listed in this form in Footfire Summer Soccer Camps.

I understand, and give my consent for images (photos, video footage, etc.) of the camper listed in this form at Footfire Summer Soccer Camps to be used for promotional purposes in the future.

I am the parent or legal guardian of the camper listed in this form. I have read, understood, and agree to the terms and conditions of this form, and understand that I am giving up substantial rights including my right to sue. I acknowledge I am signing this Agreement freely and voluntarily, and intend by my signature a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date