

IT IS MANDATORY: PRINT THIS FORM AND MAIL IT IN WITH THE CAMP PAYMENT

ZEE GOALKEEPER AND SOCCER CAMPS FLORIDA

DATE OF CAMP: _____

Participant Information

Participant Name _____

Parent(s)/Guardian(s) Name _____

Home Phone _____ **Alt/Cell Phone** _____

Emergency Contact Name & Phone _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at ZEE GOALKEEPER AND SOCCER CAMPS (ZEE Goalkeeper Academy LLC) and for any injuries which myself or my children/wards may sustain while on the premises of ANY SPORTS COMPLEX LOCATED IN THE STATE OF FLORIDA. I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending the academy.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

I give permission to the ZEE GOALKEEPER AND SOCCER ACADEMY administrators to use/publish any photographs and/or videos taken at the ZEE GOALKEEPER AND SOCCER ACADEMY, CLINICS, CAMPS this may also include myself or my child

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

Participant's Signature (Parent/Guardian if under 18)

Date