SBU SOCCER SCHOOL PARENTAL PERMISSION, MEDICAL AUTHORIZATION, AND RELEASE

This Form must be completed and signed by a parent or guardian for any camp participant under age 18, or by the participant, if age 18 or over, before participating in any camp activities.

Name of Par	ticipant:		
I,			, am the (circle one):
Parent	Guardian	Participant	Other: (Explain)
with any and procedures, that the patie patient's dis	d all medical treatm which may be deen ent, when admitted,	ents including examed necessary or a is to remain in the pleted the attached	aff of any medical facility to provide the above-named Participant minations, x-rays, tests, anesthesia, operations and diagnostic dvisable by the attending physician and/or surgeon. I also agree hospital until the attending physician/surgeon recommends the Medical Information Form and have disclosed therein all nedical condition.
acknowledge permission f	e that the Participar for the Participant to	nt will participate in participate in the	participation in any and all SBU SOCCER SCHOOL activities. In athletic activities that could lead to serious injury. I grant soccer camp and I have no knowledge of any reason that te in all camp activities.
I EXPRESSI NOR COAC DAMAGES ACTIVITIES WHILE PRI OR DAMAG WHILE USI PARTICIPA SHALL NOT AGREE THA DAMAGES, WHETHER TAKES PLA	LY AGREE THAT IN PATRICK DAUM ARISING FROM PISS OR AS A RESULT ON THE CASES WHICH MAY COME CAMP FACILITION IN CAMP ACT SBU SOCCERS LOSS OR THEFT IS SUCH NEGLIGEN	NEITHER SBU SOM (HEREAFTER RESONAL INJURING OF ANY CAMPAND PREMISES. IF THE POTTIES OR WHILE INTERNATION OF THE EVEN IN THE EVEN IN THE EVER THIS WAIVER RE. THIS WAIVER	ALLOWED TO PARTICIPATE IN THE SBU SOCCER SCHOOL CCER SCHOOL NOR ITS AGENTS, OFFICERS, EMPLOYEES EFERRED TO AS "CPD") SHALL BE LIABLE FOR ANY ES SUSTAINED WHILE PARTICIPATING IN ANY CAMP ACTIVITIES, WHILE USING ANY CAMP FACILITIES OR ASSUME FULL RESPONSIBILITY FOR ANY SUCH INJURIES ARTICIPANT IN, ON OR ABOUT THE CAMP PREMISES OR PARTICIPATING IN OR AS A RESULT OF THE URTHER AGREE THAT SBU SOCCER SCHOOL AND CPD IEFT OF PERSONAL PROPERTY. I ALSO SPECIFICALLY DISHALL NOT BE RESPONSIBLE FOR SUCH INJURIES, ENT OF NEGLIGENCE BY SBU SOCCER SCHOOL OR CPD, IT THE TIME OF THE SIGNING OF THIS DOCUMENT OR ROOES NOT APPLY TO GROSS NEGLIGENCE OR OL OR CPD.
			DATE:
Signature of I	Participant, Parent or	Guardian	
Please Circle	e Camp Attending:		
Youth Camp	Boys Prospec	et ID Camp	