

Parent or Legal Guardian Approval and Medical Treatment Authorization

Name of Camper

The above named is in good health and has my permission to participate in a Daryl Doran Soccer Camp. I hereby release Daryl Doran, the staff of Daryl Doran Soccer Camp, Doran Fitness, and any camp location from all liability for any injury or illness incurred at camp, which includes transportation to and from camp or to the place of treatment of said injury or illness.

I give permission to seek emergency medical treatment or care necessary to insure the well being of our dependent and claim that the registrant has had a recent physical examination deeming fit and without any restrictions for rigorous physical activity. I agree to assume complete financial responsibility for any personal injury or illness occurring while she/he is participating in the camp, including transportation to and from the camp.

Signed _____
Parent or Legal Guardian

Print Name _____

Insurance Company _____

Plan or Policy# _____

Person carrying insurance _____