



Sun Devil Soccer Camp Medical Waiver

Any Participant or participant guardian must complete the following medical waiver form

Participant Name: _____ Male Female Age: _____

Parent / Guardian Name(s): _____

Parent / Guardian Phone Number(s): _____

Address (including city, state and zip code):

I hereby certify that the named camper above is in good health and fully able to participate in all activities of the Sun Devil Soccer camp / Graham Winkworth Soccer Academy LLC. My camper has no known restrictions, or any other facts, that may limit her/him from participation.

I hereby give my consent to have the above applicant evaluated and treated by an athletic trainer, emergency medical personnel, a physician, or other health care provider, in case of sudden illness or injury while participating in the activity at camp sites. It is understood that Sun Devil Soccer Camp / Graham Winkworth Soccer Academy, LLC will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE MEDICAL WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY. Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Printed Name of Participant: _____ Date: _____