



DIRECTOR CAMP APPLICATION AND MEDICAL RELEASE FORM - 2014

Player Name: _____ Gender: Male Female (Circle one)

Address: _____ City / Zip: _____

Date of Birth: _____

E mail(s) (**Required**): _____

Guardian Name: _____ Guardian Name: _____

Guardian Phone: (Work) _____ (Home) _____

Emergency Contact / Phone # (Other than parent or guardian) _____

Medical Insurance Co: _____ Group # _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer, and in consideration for the Huntsville Futbol Club and USYSA, accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge and / or otherwise hold harmless and defend the above listed soccer associations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs. My child, to the best of my knowledge is , or has received a physical examination by a physician and has been found to be, physically capable of participation in the programs. Therefore, I grant the designated Coach and/or other authorized Huntsville Futbol Club coaches or managers, permission to act as my surrogate for my child in the area of obtaining emergency medical treatment by a doctor of medicine or dentistry in my absence while participation in the programs, to include emergency transportation for such treatment. I also assume the financial responsibility for any such medical treatment for my child.

Signature of Guardian

Date: _____

CAMP COST (email application to huntsvillefc@gmail.com or fax to 256-327-0267)

- U11 – U18 players: \$75 due on first day of camp (or \$25 per day if partial attendance)
- U9 – U10 players: \$45 due on first day of camp (or \$15 per day if partial attendance)