



# LEE SQUIRES SOCCER ACADEMY

## PARENT OR GUARDIAN CONSENT FORM

In case of injury to my child, I/We likewise waive the right to the extent not covered by liability insurance, any claim against persons working in the camp/showcase/Lander University employees and it's trustee's/Lee Squires Soccer Academy and it's employees. I/We likewise hereby authorize any medical treatment which the directors of the camp/showcase deem necessary in any emergency situation. The camper is covered by insurance. I/We believe our child is physically fit to participate in this showcase.

\*\* Please include a note of any medical conditions or medications that the camper may have or need.

Insurance Company:

Policy Number:

Parent/Guardian signature:

Date:

\*\* Further Information may be requested.

