

# 24-7 UK Soccer Academy

## Medical Release Waiver Form - 2012

Please note this medical release form will cover your child/children for all 24-7 activities throughout 2012.

1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_

**Declaration by Parent/Guardian:** I wish for my Son(s)/Daughter(s) to be accepted on 24-7 UK Soccer Academy courses for 2012 and I agree to the terms and conditions below, and confirm that any medical information that may affect my child's participation is also disclosed below.

**Health and Safety & Child Protection:** I give permission for my Son(s)/Daughter(s) to be medically treated for illness occurring or injury sustained during participation on 24-7 UK Soccer Academy courses during 2012 and certify that he/she is covered by medical insurance which will reimburse 24-7 UK Soccer Academy for expenses incurred by them, their agents and employees on account of medical insurance ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance. I agree to defend and hold 24-7 UK Soccer Academy, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participations in courses.

I also give permission for 24-7 UK Soccer Academy to take and use photographs of my child(ren) for future 24-7 UK Soccer Academy productions and publicity. All courses are covered by liability insurance.

Medical Conditions

1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_

Print Name \_\_\_\_\_

Date: mm / dd / yy



PLEASE RETURN (WITH PAYMENT IF REQUIRED) AS SOON AS POSSIBLE TO:  
24-7 UK Soccer Academy, 4061 E. Castro Valley Blvd # 447, Castro Valley, Ca, 94552.