

**PA UNITED YOUTH SOCCER AC PERUGIA
WINTER SOCCER TRAINING ACADEMY
AN SUSC AC PERUGIA USA SOCCER TRAINING ACADEMY
APPLICATION, LIABILITY AND INDEMNIFICATION FORM**

This is an invitational camp with limited training spots available, the earlier we receive your application the better your chances are of being selected for this very unique opportunity to be trained by many of the best trainers in our area. Complete this form and mail you're your payment to:

AC Perugia Grifos
c/o Steven Hunsberger
3359 Kelchner Street
Bethlehem, PA 18020

<p>THIS FORM ALONG WITH THE IRON LAKES FORM MUST BE COMPLETED BEFORE PLAYER CAN PARTICIPATE.</p>

For additional information, please call 610-865-6445

CURRENT CLUB:	TEAM:	AGE: _
REGISTRATION CARD #: (EPYSA, US CLUB, OR USSSA)	EPYSA REGISTRATION YEAR:	
PLAYER FIRST NAME:	PLAYER LAST NAME:	
EMAIL ADDRESS 1:	EMAIL ADDRESS 2:	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I _____, on _____ parent of _____ fully understand my responsibilities regarding this limited liability and indemnification form as part of my child's application. Furthermore, I understand that all references made to "Organizers (s)" in this limited liability and indemnification represents all individuals, corporations, and not-for-profit agencies, associated with Stroudsburg United Soccer Club (SUSC), AC Perugia USA (club), Iron Lakes Sports Club, and any employees, volunteers, or representatives of these entities providing service to the PA United Youth Soccer AC Perugia Grifo Winter Training Academy. Additionally, I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and I agree to be completely financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury and the inherent risks associated with soccer training, scrimmaging and match play, and hereby release, discharge, and otherwise indemnify the club, Iron Lakes Sports Club, their sponsors, its affiliated organizations, employees, volunteers, and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in the PA United Youth Soccer – SUSC AC Perugia Soccer Training Camp and/or being transported to or from the same, which transportation I hereby authorize.

PLAYER'S EMERGENCY CONTACT INFORMATION

Player's Name	Birth Date	
Street Address	City	State _ Zip

Father's Name	Home Phone	Bus Phone
Mother's Name	Home Phone	Bus Phone

In an emergency when parent/guardian cannot be reached, please contact the following:

Name	Home Phone	Bus Phone
Name	Home Phone	Bus Phone

Allergies

Other Medical Conditions		
Physician	Home Phone	Bus Phone
Medical/Hospital Insurance Company	Phone	
Policy Holder's Name	Policy Number	

Parent/Guardian Signature Date

The name PA United Youth Soccer Camp, or Academy is the Academy, camp and or clinic function of the AC Perugia USA premier soccer team level of the Stroudsburg United Youth Soccer Club. The name PA United Youth Soccer Camp or Academy is fictional and intended for marketing purposes only. The name represents no independent organization, association, club, or company and is used solely at the discretion of the SUSC AC Perugia USA Soccer Club.