

PA UNITED YOUTH SOCCER CAMP
AN SUSC AC PERUGIA USA SOCCER TRAINING CAMP
APPLICATION AND LIABILITY 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

THIS FORM ALONG
WITH THE IRON LAKES
FORM MUST BE
COMPLETED
BEFORE PLAYER CAN
PARTICIPATE.

For additional information, please call 610-865-6445

CURRENT CLUB:	TEAM:	AGE:
EPYSA ID NUMBER:	EPYSA REGISTRATION YEAR:	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I _____, on ____/____/____ parent of _____ fully understand my responsibilities regarding the limited liability and indemnification form I have signed and submitted as part of this application. Furthermore, I understand that all references made to "Organizers (s)" in the limited liability and indemnification form 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 – SUSC AC Perugia Soccer Training Camp. 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 agree to be 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 associated with soccer, 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 ()

<u>Allergies</u>		
<u>Other Medical Conditions</u>		
Physician	Home Phone ()	Bus Phone ()
Medical/Hospital Insurance Company	Phone ()	
Policy Holder's Name	Policy Number	

Email Address: _____ Parent/Guardian Signature _____ Date _____

The name PA United Youth Soccer Camp is the 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 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.