



**WEST VALLEY CAMP SIGNUP
& MEDICAL LIABILITY RELEASE/AUTHORIZATION**

1. My child (**child's first and last name**) _____, has my permission to participate and attend the West Valley Camp (organized by West Valley Youth Soccer League (WVYSL)) from (date) _____ to _____ at (time) _____ to _____. My child is less than 18 years old. My emergency contact information is: _____
2. My child is in good health and is able to participate in this camp.
3. My child will use protective equipment (e.g., soccer boots, shin guards, eye protection, head protection, teeth protection, padded goalkeeper equipment, etc.) or, if my child doesn't, my child does so at his/her own risk and with my permission. My child may use his/her head to return or redirect soccer balls that come to my child.
4. While my child is participating in this camp, **I HEREBY AUTHORIZE THE ADULT COACHING STAFF**, or in their absence, any accompanying or assisting adult, **TO ADMINISTER ANY EMERGENCY FIRST AID OR MEDICAL ATTENTION "ON THE SPOT," AND TO CONSENT TO TREATMENTS FOR MY CHILD**, including but not limited to, any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is advised by, and is to be rendered under the general or special supervision of, any physician, surgeon, or dentist, **AND, I AGREE TO PAY FOR SAME**. This authorization shall remain effective for the entire period of the camp.
5. I authorize any hospital or provider of medical attention to surrender physical custody of my child to WVYSL upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.
7. I understand that the camp may not be covered by any insurance, and that **I AM SOLELY RESPONSIBLE** for the cost of any service or treatment provided.
8. I understand that soccer is a strenuous physical sport, can be dangerous, and there is an inherent risk of injury. **I HEREBY RELEASE AND HOLD HARMLESS WVYSL**, the coaching staff and assistants, from any suits, claims, charges, demands, losses, damages, and expenses incurred from any and all illnesses and injuries incurred, regardless of cause or severity, that may befall my child during the camp. I understand that it is not possible to recognize or correct every dangerous condition or physical field hazard or to anticipate every injurious event, and **I RELEASE AND HOLD HARMLESS** the individuals and organizations listed in this paragraph from those responsibilities. These releases and these authorizations remain valid indefinitely, can only be changed or revoked in writing, and then, only when signed by WVYSL.
9. The information I have provided to WVYSL is true, accurate, and complete. No verbal promises of any nature contradicting this agreement and release have been made, can be made, or ever will be made to me.
10. I am the parent or legal guardian of my child and am authorized to sign this agreement.

Parent/Guardian Information.....Date: _____

Printed Name: _____ **Signature:** _____

Address: _____

Cell: _____ **Home:** _____ **E-mail:** _____

Player Allergies or Restrictions: _____

Doctor: _____ **Phone:** _____