

Parent Release Form
Release, Authorization for Treatment, and Insurance Information
To Be Completed by Parent or Guardian of Campers

Camper Name:

Date of birth:

I give my consent for my daughter to participate in all Pioneer Soccer School activities, and I give permission to the Pioneer Soccer School, its coaches, directors and trainers, to render or authorize any necessary medical treatment that may be deemed advisable in the event of accident, illness or emergency.

I understand that I am responsible for the costs of any necessary medical treatment.

Insurance information:

Policyholder:

Insurance company:

Policy number:

In the event of an emergency, I can be reached at one of the following numbers:

Home:

Work:

Cell:

Other:

I understand that the Pioneer Soccer School is not responsible for accidents occurring at camp resulting in medical, dental or other expenses. I further understand that the Pioneer Soccer School is not owned or operated by the University of Connecticut, and I agree to waive, release and hold harmless University of Connecticut and the Pioneer Soccer School from any and all causes of action including those for injury or property damage arising out of my daughter's attendance at Pioneer Soccer School.

Signature of parent of guardian:

Print name:

Date: