

Name of applicant:

Last

First

M.I.

Insurance Information

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan before.

Health Insurance Company:

Emergency Phone Number:

() _____

Policy Authorization Number(s):

MEDICAL TREATMENT AUTHORIZATION

I/We, being the legal guardian(s) of the applicant, authorize the Neil Cunningham Soccer Camp and its agents permission to request medical treatment as necessary to insure the well-being of our dependent.

Guardian Signature

Date

WAIVER AND RELEASE

I verify that my child has been checked by a licensed physician and is physically able to participate in Neil Cunningham's Soccer Camp.

In addition, I understand that attendance at a soccer camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by Washington and Lee University and will hold harmless Washington and Lee, its trustees, officers, employees, agents and any and all affiliated departments from any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

Guardian Signature

Date