



2016 Summer Camp
July 29 - 31, 2016
Resident Camper: \$225
Commuter Camper: \$200
Send check to
Payable to: Truman Women's
Soccer
Attn: Mike Cannon
100 E Normal
Kirksville, MO 63501

Participant First Name: _____
Participant Last Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email 1: _____
Email 2: _____
Date of Birth: _____
T-Shirt Size: _____
Roommate Preference: _____
Position: _____
Grade Next Fall: _____
School: _____
Height: _____
Parents Name/s: _____
Parents Phone: _____
Health Insurance Company: _____
Health Insurance Company Phone: _____
Group Policy #: _____
Policy Holder Name: _____
Dominant Foot: _____
Club Team: _____
How did you hear about Camp?: _____

Camp Waiver:

By signing below, I understand that I am authorizing the participant named above to attend the Truman State University Soccer Camp and to participate in that camp actively and fully. I understand that this activity carries with it the potential for personal injury, and I accept this risk on behalf of my child. On behalf of my child and myself, I hereby release the University, its officers, and employees, including the Athletic Department and its staff, from any liability or claims for damages arising from personal injury sustained by my child during this activity. My child and I understand the nature of the risks of injury involved in this activity and I assume all responsibility for any injuries incurred during participation at this camp. I know of no mental or physical problems that might adversely affect my child's ability to participate in this camp.

I understand further that I will be responsible for any expenses incurred on behalf of the participant in connection with any first aid, medication, medical treatment, or surgery that may be deemed medically necessary on account of any injuries sustained in this activity. I hereby authorize the certified athletic trainer to secure any needed medical treatment for this participant and to execute whatever documents and releases are necessary for securing such medical treatment in the event that I am not immediately available to do so. I further state that this participant is covered under a policy of medical/health insurance with: I understand that the University will carry no health insurance coverage on the participant during this camp activity, and I am fully responsible for any and all medical expenses incurred on behalf of the participant.

As a participant in the Truman State University Soccer Camp, I agree to comply with all of the rules, regulations, and directives of the University coaching staff, and I will treat all coaching staff and other camp participants with respect, courtesy, and good will. I have read the above Insurance Statement/Release of Liability and agree that it is correct to the best of my knowledge.

I agree to the above Waiver Agreement: _____

Medical Conditions: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Participant: _____