

## Insurance Protection Waiver

I, \_\_\_\_\_, Parent/Guardian \_\_\_\_\_  
Name \_\_\_\_\_ Participant's name \_\_\_\_\_

Do hereby declare that I am aware of the required insurance coverage specified and it is available through my insurance carrier. My child has medical insurance in the amount of at least \$1500 administered by \_\_\_\_\_ Insurance Co. \_\_\_\_\_, which will provide coverage for medical and \_\_\_\_\_ Policy # \_\_\_\_\_

hospital expenses resulting from accidental and bodily injury while practicing in the Soccer camp.

Therefore, I hereby release any personnel associated with Falcons Soccer Camp from any and all responsibility to provide insurance. I will Notify the staff of any change or lapse in the above policies immediately.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent /Guardian

Emergency Contact \_\_\_\_\_

Emergency Cell # \_\_\_\_\_

## Falcons Women's Soccer

### Camp



July 8<sup>th</sup> -11<sup>th</sup>

Monday-Thursday

\*\*\*Scripps Ranch High School Stadium Field \*\*\*  
10410 Falcon Way, San Diego, CA 92131

10:30 am-1:30pm

Advanced players

8<sup>th</sup>-10<sup>th</sup> Graders in Fall of 2019

Suggested Donation:

**\$160.00**

Includes:

Coaching, T-shirt, pizza party