



Lexington Soccer Camp Application and Medical Release Waiver



Name: _____ Age: _____ Gender: M F

Address: _____ Zip: _____

Guardian Phone #: _____ Cell #: _____

Emergency contact: _____ PH: _____

Shirt Size: YS YM YL AS AM AL

I, as parent/guardian, authorize any first aid or emergency medical treatment that may become necessary for my child/ward while he/she is enrolled at the Lexington soccer camp. I agree to hold harmless the Lexington Soccer Association, its servants, agents and/or employees from any and all injuries sustained by my child/ward during his/her participation in the Lexington soccer camp.

Signature of parent/guardian: _____

Health Concerns: _____