

# Focus Goalkeeping Academy, LLC

## Waiver and Release Form

Camper Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

I understand that Focus Goalkeeping Academy, LLC is not responsible for accidents occurring at camp or during camp transportation of participants to and from camp resulting in medical, dental, or other expenses, including the loss of personal items. The camp participants will be held responsible for all property damage and may be sent home without a refund for a violation of camp rules. The applicant must be in good health and be able to participate in the physical activity of a vigorous program. In the event that I cannot be reached, it is permissible for the Focus Goalkeeping Academy, LLC to have a trainer, doctor and/or hospital treat my child for medical reasons. In addition, I grant Focus Goalkeeping Academy, LLC permission to transport the above named child to and from training fields. Also, the undersigned individual and/or parent or legal guardian of the above named child understands that this camp is not owned or operated by any of Focus Goalkeeping Academy, LLC sites including, NC State University, City of Holly Springs, and do hereby agree to waive, release and hold harmless the NC State University, City of Holly Springs, Focus Goalkeeping Academy, LLC and its agents/employees from any and all causes including injury and property damage.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Special Medical Concerns \_\_\_\_\_

**FOCUS GOALKEEPING ACADEMY**

**12204 QUEENSBRIDGE CT**

**RALEIGH, NC 27613**

**PHONE: (919) 673-4263**