

## Hawk' Select Soccer Camp

I, \_\_\_\_\_, assume all risks, including personal injury arising in any way out of my participation with the camp. I represent and warrant that I am physically fit and able to participate. I agree to stop and request assistance if I experience any symptoms that make it difficult or unsafe for me to continue. Justin Hawkins and Sheridan Parks and Recreation are not to be held responsible for any injuries that may occur during the camp. I have read, understand and agree to the terms of this agreement.

**Child's Name or Names:** \_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_

**T-shirt size:** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Alternative Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Any Medical Conditions:**  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_