

PARENTAL RELEASE FORM and HEALTH FORM

For each camp participant, please complete both the Parental Release Form and the Health Form in **FULL**. Please include all appropriate signatures. The Camp Director should receive both forms **no later than 15 July 2007**. *No one participating in the camp will be allowed without both forms.*

The information you provide will be held confidentially by the Camp Director, and only information pertinent to the camper's ability to participate in the training sessions will be provided to the coaching staff. In the event that a camper requires medical attention, this information will be provided to the Hospital and attending staff.

Please mail the completed originals to:

E3 Sports, LLC
98 York Drive
Princeton, New Jersey 08540

The II Barcelona Summer Training Camp, Spain 2007
PARENTAL RELEASE FORM

This form must be completed in **FULL**, including signature of Parent or Guardian, and **received by the Camp Director no later than 15 July 2007**. *Failure to provide this release form will prevent the camper from traveling.* Camper must also provide a completed Health form in order to participate in the training activities once in Spain.

CAMPER'S NAME _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____ (____) _____

I, _____, give permission for _____ to
(Parent or Guardian) (Name of Camper)
travel and participate in the II Barcelona Summer Training Camp in Barcelona, Spain from _____ 2007 to _____ 2007. I authorize the camp staff to use their best judgment in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

(PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH AT DEPARTURE TIME. THE DUTIES OF CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH A PRE-EXISTING CONDITION.)

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that soccer does involve the potential for injury.
3. agree not to hold camp staff, FC Barcelona, it's staff, or anyone associated with FC Barcelona, LSTS FC, or E3 Sports, LLC responsible for any injury sustained during camp participation.
4. agree not to bring suit against camp staff, FC Barcelona, it's staff, or anyone associated with FC Barcelona LSTS FC, or E3 Sports, LLC for any injury sustained.
5. agree to allow the Camp Director to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.

I can be reached by phone during the day at: _____ (____) _____ and in the evening at: _____ (____) _____.

In the event that the parent or guardian cannot be reached, the Camp Director will make every effort to reach the Emergency Contact provided above.

Insurance Carrier: _____

Policy Number: _____

Policy Holder's Name: _____

(Parent/Guardian Signature)

(Date)

