



**CSA Camps
Walkup Registration
& Release
2021 -2022**

<i>CSA Use Only</i>
Camp Name:
Location:
Date:
Staff / Volunteer Name:
<i>Staple check/cash at top left.</i>

Camp Name: _____

Player Name: _____

Best phone:		DOB:		Male	Female
Primary email address:					
Parent Name:					
Street Address:					
City, State, Zip:					
Relationship to Player:					

In consideration for accepting the registration and permitting the voluntary participation of me or my child named above as a participant of CSA / CSA Camps, I or the parent/guardian do hereby waive, release, absolve, indemnify, discharge and hold harmless Charlotte Soccer Academy / Charlotte Soccer Academy Camps, including its members, staff, directors, officers, participants, organizers, sponsors, coaches, referees, volunteers and other representatives from and against any and all claim for liability of any kind. I am fully aware of the hazards associated with Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury, illness or other loss that my child may sustain in connection with such Communicable Diseases.

I understand that only secondary medical or health insurance coverage is provided by CSA / CSA Camps and that I, as parent/guardian/self am responsible for all medical and insurance costs. Further, in the event of an emergency, and I am unavailable, I grant permission to said staff to administer first-aid and/or transport above child to the nearest medical facility for treatment.

I certify to the best of my knowledge that my child has no physical infirmities or allergies except as noted:

(Please list any condition(s) of which you or your doctor is aware)

I hereby represent that I have read and understand the above and have been given an opportunity to ask questions, and if so, they have been answered satisfactorily. I hereby execute this Release fully and with no reservations.

Signature of Player (parent or guardian if under 18 years of age)

Date