



PORTLAND TIMBERS AND THORNS SOCCER CAMPS



CAMP WAIVER

Camp Name: _____ Camp Date: _____
Player Name: _____
Birth date: _____ Gender: M / F
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Home Phone: _____
Cell Phone: _____
Emergency Phone: _____
Parents: _____

Camper Liability and Health Information

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention and for medical attention to be given in case of accident, injury or illness. In addition, I will be responsible for any and all costs of medical attention and treatment. I the undersigned, for myself, my family and heirs, waive, release and forever discharge the Camp staff, officers and representatives, from any and all liability, claims, demands or actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in camp activities or while at camp. I also understand that the Camp retains the right to use photographs of campers taken at the Camps for publicity and advertising purposes.

Parent or Guardian Signature X _____ Date: _____

For any Camp Information, contact Erik Lyslo at elyslo@portlandtimbers.com or 503-553-5575

TIMBERS.COM PORTLANDTHORNSFC.COM

