



# PORTLAND TIMBERS AND THORNS SOCCER CAMPS



## CAMP WAIVER

CAMP NAME: \_\_\_\_\_ CAMP DATE: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_

BIRTH YEAR: \_\_\_\_\_ GENDER: M/ F

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

PARENTS/GUARDIAN: \_\_\_\_\_

### CAMPER LIABILITY AND HEALTH INFORMATION

I 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 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 at the Camps for publicity and advertising purposes.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

For any camp information, contact Youth Camps at [camps@timbers.com](mailto:camps@timbers.com)

**TIMBERS.COM | THORNSFC.COM**

