

***Please complete these steps to enroll in Bulls Soccer Camps:***

- 1) Register for specific camp by going to [www.BullsSoccerCamps.com](http://www.BullsSoccerCamps.com)
- 2) Scan/E-mail Emergency Contact and Release Form below to [chrisbrown@usf.edu](mailto:chrisbrown@usf.edu) or complete, print and mail to:

BULLS SOCCER CAMPS, Inc...  
5004 East Fowler Ave  
Suite C-317  
Tampa, Florida 33617

**Bulls Soccer Camps / Future 50 Program / Preparation Bulls / Goalkeeper Academy / Season College ID Clinics**

**EMERGENCY CONTACT AND RELEASE FORM**

Program Name \_\_\_\_\_ Camper's Name \_\_\_\_\_

Gender \_\_\_\_\_ Age at Camp \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Daytime) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number (Evening) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In case of Emergency and parent/guardian cannot be reached:

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Insurance Company (REQUIRED)**

Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group \_\_\_\_\_

Insured Employer \_\_\_\_\_

**WAIVER DISCLAIMER**

I hereby authorize the directors of Bulls Soccer Camps, Inc. to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of the Bulls Soccer Camps, Inc. from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this camp/program (including Future 50, Preparation Bulls, Goalkeeper Academy, seasonal clinics held at Learning Gate Charter School, Trinity School, and any other site that Bulls Soccer Camps Inc. performs functional camps/clinics/programs). Dismissal due to disciplinary action will result in no refund. I acknowledge the conditions above with my signature below.

I certify that my child is in good health, and may participate in strenuous physical activities at the camp. I certify that there are no physical limitations to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge Bulls Soccer Camps, Inc. the Camp, the other above mentioned programs, and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the Camp. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the Camp is taking place and agree that if any portion of this Release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me of its terms.

I waive and release the University of South Florida, the Board of Trustees, the Board of Governors, the State of Florida, the USF Foundation, the Sun Dome, Inc. (or any other entities designated by Florida law to manage, operate, and/or oversee the University of South Florida or the Board of Trustees), Learning Gate Charter School, Trinity School and their heirs, assigns or successors in interest in any and each of them from any and all liability which may result or raise from either my child's athletic participation or any medical treatment my child may receive.

\_\_\_\_\_

PARENT'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE