



630-485-1512 • coach@3stepkicking.com

3-Step Kicking Camp Waiver

Participant Name _____ Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Cell Phone _____

MEDICAL CONDITION. Please list any medical problems/injuries that we should be aware of:

EMERGENCY CONTACT

Emergency Contact Name _____

Relationship to Participant _____

Emergency Contact Phone _____

RELEASE OF LIABILITY

I am aware that _____ (participant name) will be an active participant in a 3-Step Kicking camp, run by Coach Muzzalupo and his staff. I hereby waive from any and all liability, including but not limited to, injury or accident resulting from camp participation, THE FOLLOWING: 3-Step Kicking, Coach Muzzalupo, his staff, sponsors, coaches, or any members of the team participating in the camp.

I am also aware that _____ (participant name) needs to be covered by our own family insurance, and that I must reference any medical problems or injuries on this waiver.

Parent/Guardian Signature

Date