

## FC Sting Summer Camp

Camper's Name: \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_

City:    State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (month/date/year): \_\_\_\_\_ Camper's SSN # (In case of Emergency): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Group Name: \_\_\_\_\_

- Camp Type:**  **Session I** Girls & Boys U8-U14 August 18th - 22nd; 10 - 1pm; \$275;  
 **Session II** Girls & Boys U8-U14 August 25th - 29th; 10 - 1 pm; \$275;

**Location:** Blind Brook Middle and High School 840 King Street Rye Brook, NY 10573

**Also,**  Yes, I have read, completed and signed the Recognition and Assumption of Risk Agreement

Yes, my child has been examined by a doctor who signed the Physician's release or a Physical Examination Form (no older than one year before camp).

Yes, I have enclosed a copy of the camper's medical insurance card with my application.

**Please Mail Checks to:**

F.C. Sting/C.O Rachael Safirstein

300 East 85th Street, Apt #802

NYC, NY 10028

tel. 212 744 8545 cell. 917 620 9159 www.killerbeessoccer.com

*(Refunds will only be honored solely in the case of injury. No refund due to bad weather.)*

For additional information or further inquiries, please email [rsafirstein@gmail.com](mailto:rsafirstein@gmail.com).

## Release, Waiver, and Authorization for Medical Treatment

I, participant (or participant's parent/legal guardian if participant is under 18 years old) \_\_\_\_\_, authorize my (my child's) full participation in FC Sting Summer Camp, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes F.C. Sting, and their employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, *including injuries sustained as a result of the negligence of Releasees.*

I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Participant's Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_ (younger than 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the participant has medical insurance, please indicate the:

Insurance Company: \_\_\_\_\_

Policy number: (Copy of Card Required) \_\_\_\_\_

Name of Primary Policy Holder: \_\_\_\_\_

*State law requires you be informed of the following:*

- (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
- (2) you are entitled to receive and review that information; and
- (3) you are entitled to have the information corrected at no charge to you