Please fill out completely and mail with payment to:
Polar Bear Soccer Academy, LLC
c/o 9000 College Station
Brunswick, ME 04011

Camper’s Full Name:_____________________________________________________

Camper’s Phone Number:________________________________________________

**Parental Permission and Liability Waiver**

I hereby release, waive, discharge and covenant not to sue Polar Bear Soccer Academy, Bowdoin College, their respective administrators, directors, agents, coaches, and other employees or participants in the Polar Bear Soccer Academy, from demands, losses or damages on account of injury or damage to, or loss of property, caused or alleged to be caused in whole or in part by my child’s participation in, or attendance at the Polar Bear Soccer Academy.

____________________________________
Parent/ guardian name

____________________________________
Parent/ guardian signature & date

**Medical Care Release**

I, the parent/guardian of__________________________ give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the named person below before taking this action. I will be financially responsible for any medical attention needed during camp.

Signature: _____________________________ Date: ___________________________

Printed Name:__________________________