

APPLICATION FORM (please fill out waiver of liability, assumption of risk and Indemnity Agreement and Release Authorization for Emergency Treatment.)

| | | | |
|----------------------------------|------------------------------|--|--------------------------|
| I would like to take part in the | USF Day Camp | 13 th -15 th June 2007 | <input type="checkbox"/> |
| | USF Day Camp 2 | 6 th -9 th August 2007 | <input type="checkbox"/> |
| | USF Advanced College ID Camp | 23 rd -27 th July 2007 | <input type="checkbox"/> |

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

T Shirt Size _____

Please enclose a doctor's note indicating you in good health and condition to participate in the camp.

I hereby authorize the staff of the USF women's soccer camp to act for e according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined in the brochure. I also understand the camp retains the right to use for publicity and advertising purposes photographs taken at camp

DOCTOR'S SIGNATURE _____

PARENT OR GUARDIAN'S SIGNATURE _____