



## Method of Payment

Full payment of \$ \_\_\_\_\_ enclosed on Check # \_\_\_\_\_

**Make Checks Payable to:** FWWAA

**Write in Memo Line:** Power Soccer Camp

**Mail to:** FWWAA

Attn: Power Soccer Summer Camp

14620 Nelson Way

San Jose, CA 95124

### Photos and Funds

**Publicity Release:** FWWAA uses photographs, images, or recordings of applicants for publication in brochures, email, website, and various other media to promote services, or to recruit volunteers and staff. The applicant named above **MAY be included** in these promotional materials.

### Release Signatures

**Attendance Release:** I hereby give my permission for the applicants named above, to participate in FWWAA sponsored and supervised programs. **I certify that the information on the application is true, accurate, and complete.** FWWAA emphasizes safety first; however participation in FWWAA programs has inherent risks that may result in injury. I acknowledge and accept this fact and agree to hold harmless FWWAA, its employees, and agents.

**Emergency Release: In the event that parent or guardian cannot be reached in an emergency** I hereby give permission to the non-medical staff selected by FWWAA to provide routine health care, administer prescribed and comfort/first aid medications, and if needed, seek emergency medical treatment including x-rays, routine tests and treatment for applicant named above. I hereby give permission to the physician selected by FWWAA to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the applicant named above. I give permission to obtain copies of treatment and health records from any provider and I agree to release information and records necessary for treatment. FWWAA cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

\_\_\_\_\_  
**(Required)** Signature of Parent, legal guardian, applicant if own guardian, or legal guardian

\_\_\_\_\_  
Date Signed