



EDMONDS CC  
**TRITONS**

20000 68th Ave. W, Lynnwood, WA 98036

425.640.1415 | Fax: 425.640.1102

**EDCC Men's Soccer ID Camp Release of Liability**

Player Name: \_\_\_\_\_

**Release:**

I acknowledge that I am informed of the hazards and risks connected with participation in the activity of soccer in I, or my child or dependent is enrolling, including those risks which are incumbent with any excursion program or extracurricular activities, with the realization that these activities might subject him/her to personal bodily injury or property damage risk.

Applicant/player signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

The Camp does not provide medical insurance

Your medical insurance provider/policy number:

\_\_\_\_\_

In Case of Emergency call (Name): \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_