



# Terrier Training Soccer

[www.terriertrainingsoccer.com](http://www.terriertrainingsoccer.com)



## Medical Treatment Authorization/Release

I hereby authorize the directors and athletic training staff of the Terrier Training Camp/Clinic to provide care and medical treatment as necessary to my daughter, \_\_\_\_\_

In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I consent for the director of Terrier Training to authorize any necessary emergency treatment.

**Parent/Guardian Signature**

**Date**

**Medical Insurance Co.**

**Policy number**

**Group number**

I, the undersigned, individually and as a parent and guardian of \_\_\_\_\_,

a minor, ask that she be admitted as a participant in the Terrier Training Camp/Clinic program. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless, Boston University and its employees from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the camp/clinic or in the course of competition and/or activities held in connection with the program.

**Parent/Guardian Signature**

**Date**

Please feel free to contact Nancy Feldman at (617) 353-8456 or e-mail at [nfeldman@bu.edu](mailto:nfeldman@bu.edu) if you have any questions concerning the Terrier Training Camp/Clinic Programs.