



**Guardian Release**

**Player's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Church** \_\_\_\_\_

I give permission to my child/children to fully participate in the soccer activities and assume all risks associated to such activities. I also agree that any injury incurred during this event is not the responsibility of Camp Eagle, Shenandoah Baptist Church, or their representatives.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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