



**St. Louis Goalkeeping Academy**  
 732 Clark Ave.  
 St. Louis, MO 63119  
 Tel: 314.968.5521  
[www.stlouisgoalkeepingacademy.com](http://www.stlouisgoalkeepingacademy.com)

**INFORMED CONSENT, LIABILITY RELEASE AND MEDICAL TREATMENT AUTHORIZATION**

I request that my child (identified above) be permitted to participate in the identified sport/athletic Camp activity and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to **death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons.** I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Camp coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child.s participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the St. Louis Goalkeeping Academy L.L.C., its coaches, volunteers, employees and agents **from all liability, claims, costs, and expense**, arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Camp, State of Missouri.

I am the parent/legal guardian of the above child. I further agree that the Camp Staff and the St. Louis Goalkeeping Academy L.L.C. are **authorized to obtain and authorize emergency medical treatment** for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Camp, St. Louis Goalkeeping Academy L.L.C., it's coaches and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Parent Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Child Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Parent/Legal Guardian Name: \_\_\_\_\_ Employer \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Legal Guardian