

STETSON UNIVERSITY BOYS SOCCER ACADEMY

Statement of Approval:

(parent or guardian signature required for participation)

Volusia and surrounding medical facilities now require medical treatment authorization by parent(s) or legal guardian(s) before providing medical care. I hereby request that my son be admitted to the Stetson Soccer Academy. In case of emergency and I cannot be reached, I authorize the directors of Florida Hospital DeLand to act for me according to their best judgment in administering medical attention for which I shall pay.

Camper's Name: _____ Date of Birth: _____

Signature of Parent/Guardian: _____ Date: _____

Sworn to me and subscribed before me this _____ day of _____, 2008.

By: _____, Notary Public, State of Florida _____

Personally Known: _____

Produced Identification: _____ Type: _____

Please fill out completely and mail to:

Stetson University Men's Soccer, Unit 8359

421 N. Woodland Blvd.

DeLand, FL 32723