

Scott McBrien Passing Academy Medical Release Waiver

My son _____ has permission to attend **Scott McBrien Passing Academy**. In the event of any emergency in which my son requires medical care, I authorize the staff of Scott McBrien Passing Academy to act for me and to obtain for him whatever medical treatment the staff deems necessary and appropriate.

I specifically waive and release Scott McBrien Passing Academy and Champions Field House, its owners, staff and sponsors, from any and all liability for injuries incurred while participating in physical activity. Further, I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the Scott McBrien Passing Academy Program.

I authorize Scott McBrien Passing Academy to use any photographs or articles about my son for publicity purposes.

****No player will be accepted without parent/guardian approval.***

Medical Information

Students must have their own medical insurance (as primary coverage) to attend SMPA. Campers who fail to provide proof of coverage will not be allowed to participate.

Insurance Carrier:	
Policy or Group Number:	ID Number:

You must bring this waiver to your first session or mail it in before to:

Scott McBrien Passing Academy
1081 Grand Oak Way
Rockville, MD 20852

Parent/Guardian Signature: _____

Date: _____