OFFICIAL FC PORTO WORLD CAMP · CALIFORNIA 2026

WORLD CAMP

Registration · Medical Authorization · Liability Waiver

WEEK 1

HUNTINGTON BEACH

AUG 10-14, 2026 · MON-FRI 9AM-1PM · AGES 6-16

$399 per athlete · all-included

Sections 5-9 on page 2 must be completed by a parent or legal guardian. Your athlete cannot take the field until this form is returned.

BEFORE YOU SEND IT Download the file first, fill in, then SAVE it before attaching. Filling it inside an email preview sends a blank form. On iPhone: tap the attachment, tap the pen/markup icon, fill it in, tap Done, then Save to Files and attach that saved copy.

1 ATHLETE INFORMATION

ATHLETE'S FULL LEGAL NAME

DATE OF BIRTH (MM/DD/YYYY)

AGE AT CAMP

SHIRT SIZE (CHECK ONE)

☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L

CURRENT CLUB / SCHOOL (OPTIONAL)

2 PARENT / GUARDIAN & EMERGENCY CONTACTS

PARENT / LEGAL GUARDIAN FULL NAME

CELL PHONE

EMAIL ADDRESS

SECOND EMERGENCY CONTACT - NAME

PHONE

RELATIONSHIP TO ATHLETE

3 MEDICAL INFORMATION

☐ **No known allergies** Otherwise list all allergies below (food, insect, medication) and what to do in a reaction.

ALLERGIES & RESPONSE INSTRUCTIONS

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT (ASTHMA, SEIZURES, DIABETES, RECENT INJURY, ETC.) - WRITE NONE IF NONE

4 PAYMENT

☐ Already paid ☐ Paying by Zelle / Venmo ☐ Paying by card link

DISCOUNT CODE APPLIED (IF ANY)

OTHER DISCOUNT

☐ Sibling ☐ 7+ discount

WHAT TO BRING EACH DAY

Black shorts and white socks · cleats and shin guards (required to play) · running shoes · full water bottle · sunscreen · lunch and a snack. The camp T-shirt is provided.

Need help filling this out? Text or call Coach Kiko at 714-623-6724 and we'll do it together in two minutes.

AGREEMENTS

TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN

5 ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION

REQUIRED

I understand that soccer is a physically demanding contact sport and that participation in the FC Porto World Camp involves inherent risks of injury, including but not limited to sprains, fractures, concussion and other head injuries, heat illness, cardiac events, permanent disability and death. These risks may arise from the athlete's own actions, the actions of others, playing conditions, equipment, weather, or the ordinary negligence of the parties released below. Knowing these risks, I voluntarily enroll my athlete and accept them.

On behalf of myself, my athlete, and our heirs and legal representatives, I hereby RELEASE, WAIVE and DISCHARGE Vieira Football Lab LLC and its owners, members, officers, employees, coaches, contractors, volunteers and agents, together with the owners and operators of the camp facility (collectively, the "Released Parties"), from any and all claims, demands or causes of action for injury, illness, death or property loss arising out of or related to participation in the camp, including claims based on the ordinary negligence of the Released Parties. I further agree to indemnify and hold the Released Parties harmless from any claim brought by or on behalf of my athlete. I expressly waive the protections of California Civil Code section 1542 as to such claims.

This release does NOT apply to gross negligence, recklessness, or willful or intentional misconduct. It is governed by the laws of the State of California, with venue in Orange County. If any provision is held unenforceable, the remainder stays in full force. I confirm I am the parent or legal guardian with authority to sign for this athlete.

☐ **I have read and agree to the assumption of risk, release of liability and indemnification above.**

6 MEDICAL TREATMENT AUTHORIZATION

REQUIRED

I authorize camp staff to administer basic first aid to my athlete, and if I cannot be reached, to seek and consent to emergency medical, dental or surgical care from a licensed provider, including transport by ambulance. I accept financial responsibility for the cost of any such care. I certify the medical information on page 1 is complete and accurate and that my athlete is physically fit to participate.

☐ **I authorize emergency medical treatment as described above.**

7 PHOTO & VIDEO RELEASE

CHOOSE ONE

Camp sessions are photographed and filmed for promotional use by Vieira Football Lab LLC and its partners, including social media, websites and print materials. No compensation is provided and images may be used indefinitely. Choosing "do not use" will not affect your athlete's participation in any way.

☐ YES - I grant permission to photograph and film my athlete and to use those images.

☐ NO - please do not use photos or video of my athlete in any promotional material.

8 CALIFORNIA CONCUSSION & CARDIAC ARREST INFORMATION + CAMP POLICIES

REQUIRED

California law requires youth sports organizations to provide concussion/head-injury and sudden-cardiac-arrest information sheets to athletes and parents each year. An athlete suspected of a concussion or a cardiac event will be removed from all activity immediately and may not return without written clearance from a licensed health care provider trained in the management of that condition.

Camp policies: full payment holds the spot; the day-1 money-back guarantee applies if you notify us in writing before the start of day 2; after that, fees are non-refundable but transferable to another camp week subject to availability. Athletes are expected to treat coaches, teammates and the facility with respect; behavior that endangers others may result in removal without refund. Sessions run rain or shine unless conditions are unsafe.

☐ **I received and reviewed the concussion and sudden cardiac arrest information sheets, and I accept the camp policies.**

9 ELECTRONIC SIGNATURE

By typing my name below I adopt it as my legal electronic signature and agree it has the same force and effect as a handwritten signature under the federal E-SIGN Act and the California Uniform Electronic Transactions Act. I have read and understood this entire document.

TYPE YOUR FULL LEGAL NAME (PARENT / LEGAL GUARDIAN)	RELATIONSHIP TO ATHLETE	DATE SIGNED (MM/DD/YYYY)

SAVE the completed file, then email it to coachkiko@vieirafootballlab.com Questions? Text 714-623-6724