

MIDDLE STATES SOCCER CAMP
MEDICAL AND LIABILITY RELEASE FORM
THIS SHEET MUST BE COMPLETED AND MAILED OR BROUGHT TO CAMP

“We consent to have Middle States Soccer Camp act in our behalf should an emergency situation arise and hereby grant permission to said administrators to authorize medical attention recommended by a physician or hospital.”

CAMPER INFORMATION

Camper's Name: _____ Date of Birth: _____
Camp Session: _____
Please check one: ___ Swimmer ___ Non Swimmer
Persons Having Legal Custody of Child: ___ Mother ___ Father ___ Other _____
Camper's Address: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency or other significant concern, the camper's parents or guardians will be contacted. Please provide the name, relationship to the camper and phone numbers.

Parent or Guardian Name: _____ Relationship to Camper: _____
Telephone: _____ (Day) _____ (Evening) _____ (Cell)
Parent or Guardian Name: _____ Relationship to Camper: _____
Telephone: _____ (Day) _____ (Evening) _____ (Cell)

MEDICAL INFORMATION

Insurance Provider: _____ Policy Number: _____
Name of Physician: _____ Telephone Number: _____
Does the camper have any medical, orthopedic, or emotional condition that we should be aware? YES NO
If yes, please indicate the nature of the condition: _____

Do you give permission for your player to take over-the-counter pain medication at camp? YES NO
If yes, please indicate appropriate brands (Advil, Tylenol, aspirin, etc.) _____

Camper's Allergies: _____ Date of Last Tetanus Shot: _____ (Month/Year)

Please send a list of any allergies and drug sensitivities for which your child may need attention. Kindly include physicians' records or statements for any special problems. “Within the last year, my child has had a physical examination by a licensed physician. My child is in good health and has my permission to participate in all activities of Middle States Soccer Camp. I hereby give Middle States Soccer Camp permission to render such medical and hospital care as, in their judgment, may seem advisable for my child in the event of injury, illness or accident. I grant these same persons permission to obtain specialists and I agree to bear the full cost of such procedures.

_____ has been examined within the past year by a physician and found to be in good health and free from communicable diseases. Should there be any reason to prevent him/her from participating in activities of Middle States Soccer Camp, I shall convey that information to the camp in writing.

I also grant Middle States Soccer Camp permission to use my child's name, picture or likeness in promotion of the camp in printed or electronic media or other form of advertisement. I fully renounce any and all claims upon Middle States Soccer Camp for reimbursement for use of this material.”

Please sign below and mail to Middle States Soccer Camp, P.O. Box 11742, Burke, VA 22009

Signature of Parent/Guardian: _____ **Date:** _____

Print Name: _____ **Relationship to Player:** _____