

No. 1 Soccer Camps

571-428-8387 . www.no1socceramps.com . Email: info@no1socceramps.com

Health Examination Waiver & Parental Consent Form

Because we do not have your child's medical form on file, it is necessary for you to complete the following:

To be completed by parent or guardian:

Camper's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

In case of Emergency—Contact: _____ Phone Number: _____

Please list all previous injuries in detail: _____

Parent or guardian's comments concerning special problems, allergies, etc.: _____

Insurance Information: Company Name: _____

Policy No. _____ Group Number _____ Effective Date _____

This health history is correct so far as I know, and the person named above has my permission to participate in all camp activities, except as noted by me. I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order injection, anesthesia for surgery for the person named above. I hereby authorize the staff at No. 1 Soccer Camps to act according to their best judgment in an emergency requiring medical attention, and hereby waive and release the Camp and its Staff from any and all liability for any injuries incurred while at camp. All medical expenses incurred will be the responsibility of the camper or the campers family. The Camp is not responsible for items that are lost, stolen or damaged. I understand and accept the No. 1 Soccer Camps refund policy. In addition, I give permission and agree that No. 1 Soccer Camps may use any photographs or video taken at the Camp for promotional purposes.

Parent or Guardian's Signature: _____

Camper's Signature (if 18 or older): _____

Date: _____