

Screaming Eagle Soccer Camp Parental Consent Form

To enable the Screaming Eagle Soccer Camp to provide care to your minor son or daughter; we must have a completed Consent Form on file. This way, we can help your child without delay in an emergency.

Name of Camper: _____ Birthday: (M/D/Y) _____
Insurance Company: _____
Policy # or Group# _____
Date of last Tetanus Toxoid: *(This Information Is Mandatory)* _____
Allergic Reactions: _____
Present Medications: _____
Past Injuries or Illnesses that is relevant to camp _____
Emergency Telephone Number _____
(Day Time): _____

Permission and Health Waiver Statement

(MUST BE SIGNED IN ORDER TO PARTICIPATE)

I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of such an injury to my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charge for such treatment. I now release the employees, agents and assigns from responsibility for any personal injuries to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of parent/guardian

date

I hereby grant full permission for event organizational records to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings, videotapes, and other media known or unknown, and to use them, no matter by whom taken, in any matter for publicity, promotions, advertising, trade, or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee.

Signature of parent/guardian

date