HIGH POINT UNIVERSITY SOCCER CAMP

"Professional Training For All Ages And Abilities""

MEDICAL RELEASE AND STATEMENT

NAME: _____ SESSION ATTENDING: _____

APPLICATION WILL NOT BE COMPLETE UNTIL ALL ITEMS HAVE BEEN FILLED IN AND FORM SIGNED BY PARENT/GUARDIAN.

I DO HEREBY GIVE PERMISSION TO THE HIGH POINT UNIVERSITY SOCCER CAMP TO TREAT MY CHILD AS NECESSARY IN THE EVENT OF AN INJURY, ACCIDENT OR ILLNESS.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

IS YOUR CHILD ALLERGIC TO ANY MEDICINES OR OTHER THINGS? IF SO, PLEASE LIST:

_____

LIST ANY CONDITIONS THAT PHYSICIANS OR OUR MEDICAL STAFF NEED TO KNOW ABOUT:

_____

EMERGENCY CONTACT: _____ PHONE: _____

INSURANCE COVERAGE FOR ACCIDENT INJURY IS REQUIRED BY ALL PARTICIPANTS. IF, AT THE TIME OF THE INJURY, NO FAMILY INSURANCE EXISTS, LIMITED SECONDARY COVERAGE IS PROVIDED SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS.

PLEASE INDICATE YOUR CURRENT INSURANCE INFORMATION BELOW:

INSURANCE COMPANY NAME: _____

POLICY HOLDER NAME: _____

POLICY NUMBER: _____

RELEASE AND WAIVER OF LIABILITY (Please read carefully before signing)

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the High Point University Soccer Camp (herein known as the camp), the University, its agents and employees thereof from any and all liability of whatever kind and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant participation in or involvement with this camp, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said registrant.

Participant's Name: _____

Signature of Parent/Guardian: _____ Date: _____

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