

DISCOVERY SOCCER CAMP

Participant Information and Authorization Form

This form must be complete and on file with the camp director before your minor child can participate in any camp activity.

Participant's Name _____ Age _____
Birthdate _____ Gender _____
Address _____
Town _____ State _____ Zip _____

Parent's or Guardian's Name _____
Telephone _____
Email _____

Parent's or Guardian's Name _____
Telephone _____
Email _____

In an emergency, if a parent or guardian cannot be contacted, please notify:

Name _____
Relationship to Participant _____
Telephone _____
Email _____

AUTHORIZATIONS--PLEASE READ CAREFULLY

- I certify that the above Participant has had an official medical examination within the past year and is physically fit and able to participate in the rigors of this summer sports camp.
- I authorize payment of medical benefits to all providers for all services and materials they provide during the care of an injury/illness.
- I understand that I am financially responsible for charges for services rendered for the care of an athletic injury, and/or sickness/illness.
- I understand that at this camp or related activities, I may be photographed. I authorize my photo, video or film likeness to be used for any legitimate business purpose by the Discovery Soccer Camp.
- A copy of this authorization shall be deemed as effective and valid as the original.
- I grant permission for the camp athletic trainers to administer medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.
- I grant permission for the camp athletic trainers to administer the following indicated over-the-counter medications to my child. These may only be used for the signs and symptoms indicated below and only for a 24-hour period. After this time, a physician will be consulted and the camp athletic trainer will call me.

_____ Tylenol—for minor headaches (not thought to be associated with dehydration or head injury) and for fever less than 101°F.
_____ Pepto Bismol—for stomach ache and diarrhea.

Name of parent/guardian

Signature of parent/guardian

Date

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INFORMED CONSENT AND RELEASE OF LIABILITY

The Participant and their parent(s) or guardian(s) certify that the Participant is physically fit, has sufficiently trained for participation in the camp, and has not been advised otherwise by a qualified medical person, and acknowledge the following:

1. The athletic activities of the Discovery Soccer Camp will be an extreme test of the Participant's physical and mental limits and carries with it the potential for death or serious injury.
2. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.
3. Nevertheless, the Participant and their parent(s) or guardian(s) assume all of the risks of participating in this camp

I/we release, discharge, waive, and relinquish all claims, liabilities, causes of actions, injuries, demands, damages, against the Discovery Soccer Camp, its Board of Directors, members, Committee members, agents, employees, and representatives (cumulatively the "Released Parties"), resulting from the Participant's activities at the camp. I/we recognize that the risks of participation as outlined above are clear and unambiguous, and that even if a specific injury or damage is not listed in this Informed Consent and Release of Liability, I/we agree to not hold the Released Parties liable. Should the Released Parties, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this Informed Consent and Release of Liability, I/we agree to reimburse them fully for such attorneys' fees and costs. This Informed Consent and Release of Liability shall be binding upon me/us, my/our successors, representatives, heirs, executors, assigns, or transferees.

I/we have read this agreement, fully understand its terms, understand that I/we have given up substantial rights by signing this agreement, and have signed it freely and without any inducement or assurance of any nature. I/we intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I/we certify that I/we have read this document and I/we understand its content.

_____	_____	_____	_____
Participant's Printed Name	Age	Participant's Signature	Date

PARENT OR GUARDIAN OF MINOR PARTICIPANT:

I/we represent that I/we have complete and absolute authority to bind, contract for and legally act on behalf of the minor child listed above. I/we agree to all of the terms and conditions of this Waiver and Release of Liability for any personal injury, death or property damage to my/our minor child.

Printed Name:	_____	
Address:	_____	
Home or Cell Phone:	_____	
Email address:	_____	
Signature:	_____	Date:_____