

Camper Name: _____ Birth Date: M___ /D___ /Y___ Age: _____
 Address: _____
 Home Phone: (_____) _____ Alternate Phone: (_____) _____
 Email address: _____

PARENTAL/GUARDIAN PERMISSION AND MEDICAL RELEASE

I give permission for my child, _____, to fully participate in the Precision Soccer Camp (the "Camp"). As a condition to my child's participation in the Camp, I hereby agree as follows:

1. I am the parent or legal guardian of the child named above. I recognize that participation in the Camp will involve physical activities and exertion, which, by its nature, may be strenuous and may result in physical injury, and I do hereby acknowledge that I am fully aware that there are inherent risks and hazards involved in such physical activity, and having such knowledge I voluntarily elect for my child to participate. I give permission to the Camp Director and/or employees, during the Camp, to make decisions and provisions for the care of my child.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the Camp. I certify that my child is in good health and that she has no special medical or physical conditions that would impede or prevent her participation in the Camp. I further agree that the decision as to my child's physical fitness to participate in the Camp is my responsibility alone, that I have had ample opportunity to consult with physicians to ascertain my child's physical fitness and Precision Soccer LLC shall bear no responsibility for my decision to allow my child to participate.
3. I warrant that the health history information for my child provided to the Camp is up-to-date and accurate. I understand that in the event of injury or illness to my child, the Camp will attempt to contact me at the emergency contact numbers noted below. In the event the Camp cannot reach me, I hereby authorize the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment, and to permit the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to authorize injection, anesthesia and/or surgery for my child, at my cost and expense. I also give permission to the Camp to provide routine medical care for my child (including the administering by the Camp's medical personnel of any prescribed medication which my child brings to the camp or which is prescribed while at the camp).
4. In consideration of my child being permitted to participate in the Camp, I accept and assume responsibility for any risks, injuries or damages, foreseeable or unforeseeable, which my child might incur or suffer as a result of participating in the Camp. To the fullest extent under the law, I hereby knowingly, voluntarily and expressly waive and release Precision Soccer LLC, its instructors and staff, from and against any and all liability for injury, illness or damage, to person or property, resulting in any way from my child's participation in the Camp.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Parent/Guardian

Signature: _____

Date: _____

PLEASE COMPLETE THE BACK SIDE



CONTACT INFORMATION:

Emergency Contact: _____ Phone: _____
Alternate Emergency Contact: _____ Phone: _____
Physician Contact: _____ Phone: _____
Medical/Hospital Insurance: Carrier: : _____
Policy Number: _____
Adult name on policy: _____

Please check-off any of the following injuries or illnesses your child has had:

- Chicken Pox Head Injury Ankle Injury Asthma
 Convulsions Heart Condition Diabetes Frequent Ear Infections
 Back Injury Knee Injury Fainting Spells Other

Please record any food, medication or other allergies camper has:

What medication will this camper take while at Camp?

Medicine _____ Dosage _____ Specific times taken each day _____
Reason _____

Please record any medical or surgical history this camper has, and whether she has been hospitalized or has visited a doctor for an illness during the past year:

Is there any other health-related information or suggestions that may help ensure this camper's health and safety while at Camp?

IMPORTANT: MANDATORY INFORMATION

ALL CAMPERS MUST PROVIDE THE FOLLOWING PRIOR TO THE START OF CAMP:

- ✓ CURRENT PHYSICAL EXAMINATION (must be within 12 months of camp dates)
- ✓ IMMUNIZATION VERIFICATION

All forms must be signed by a licensed health care provider. **These forms must be on file with the Camp Director three weeks prior to the start of camp.** All forms are required by the Department of Public Health.

**MAIL INFORMATION TO:
PRECISION SOCCER, LLC
P.O. Box 59
Wilmington, MA 01887**

Thank you for your cooperation