

SOMERSET SOCCER BOOSTERS
DAY CAMP

MEDICAL CONSENT FORM

(Parents – it is not necessary for a physician to complete this form)

Camper's Name: _____ SSN# _____

Address: _____ Phone #: _____

Family Physician: _____ Phone # _____

Address: _____

In the event of an emergency, please list two people who can be notified:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ (Home) _____ (Work) Phone: _____ (Home) _____ (Work)

Does the camper have any known allergies (bee sting allergies, food allergies, medications, etc.)? Yes No

If yes, please list: _____

Give the date and time of the latest DPT or Tetanus Toxoid injection: _____

Does the camper have any ongoing disease, physical disability or recurring illness that may affect or impair participation? Yes No Please describe: _____

Is the camper covered by medical insurance? Yes No If yes, please list: _____

Name of Company; _____ Policy # _____

Address: _____ Phone# _____

MEDICAL CONSENT FORM

IN THE EVENT OF ACCIDENT, INJURY OR ILLNESS INVOLVING MY CHILD WHILE PARTICIPATING IN SOCCER CAMP UNDER CIRCUMSTANCES WHERE I AM PHYSICALLY UNABLE TO CONSENT OR BE PRESENT, I HEREBY VOLUNTARILY AUTHORIZE AND CONSENT TO THE FURNISHING OF MY CHILD SUCH MEDICAL CARE, ATTENTION, AND TREATMENT BY ANY HOSPITAL, PHYSICIAN OR DENTIST AS SUCH HOSPITAL, PHYSICIAN OR DENTIST MAY DEEM NECESSARY OR ADVISABLE, INCLUDING ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR PROCEDURE. I AUTHORIZE ANY ADULT ASSOCIATED WITH THE CAMP INSTRUCTION OR ORGANIZATION TO CONSENT TO SUCH MEDICAL CARE, ATTENTION AND TREATMENT IN SUCH AN EXTREME EMERGENCY SITUATION WHERE I CANNOT BE CONTACTED SO INDICATED CARE MIGHT BE GIVEN WITHOUT UNNECESSARY DELAY. IN ADDITION, I AGREE TO PAY THE REASONABLE COST OF SUCH MEDICAL CARE, ATTENTION OR TREATMENT AND TO INDEMNIFY AND HOLD FREE AND HARMLESS OF AND FROM ANY AND ALL LIABILITY FOR SUCH COST, THE SOMERSET SOCCER BOOSTERS AND ALL OF THEIR OFFICERS, MEMBERS AS WELL AS CONTRACTED INSTRUCTORS FOR THIS CAMP.

Parent of Guardian's Signature: _____ Date: _____

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN THIS SOCCER CAMP AND RECOGNIZING THE RISKS ASSOCIATED WITH THE SPORT OF SOCCER, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND HEREBY RELEASES THE SOMERSET SOCCER BOOSTERS AND ALL THEIR OFFICERS, MEMBERS AS WELL AS CONTRACTED INSTRUCTORS FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THIS CAMP AND ALL ACTIVITIES RELATING THERETO.

Parent of Guardian's Signature: _____ Date: _____

