

**KAT CONNER SOCCER CAMP REQUIRED DOCUMENTATION PAGE 1 OF 3**

**PART I. PARTICIPANT INFORMATION**

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ M  F

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Plan Number \_\_\_\_\_

***INCLUDE A PHOTOCOPY of BOTH SIDES OF YOUR INSURANCE CARD***

Physician \_\_\_\_\_ Phone \_\_\_\_\_

If neither parent nor guardian is available in an emergency, the following people may take control of my child:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

This document authorizes Kat Conner Soccer Camp to release to trainers, physicians, medical personnel and camp sponsors information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of \_\_\_\_\_ (participant name). This information includes injuries, illnesses and/or medications relevant to participation in the above named camp.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

# KAT CONNER SOCCER CAMP REQUIRED DOCUMENTATION PAGE 2 OF 3

PARTICIPANT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

## PART II. HEALTH HISTORY AND MEDICATIONS

Allergies: \_\_\_\_\_  None

Date of most recent tetanus immunization: \_\_\_\_\_

Please list any major current or past illnesses (contagious and non-contagious):  None

\_\_\_\_\_  
Please list any major operations or serious injuries (include dates):  None

Does the youth have any chronic or recurring illness or medical condition requiring ongoing medical care?  No  Yes

If YES, explain: \_\_\_\_\_

Are there any activities from which the youth should be restricted?  No  Yes

If YES, explain: \_\_\_\_\_

Does the youth have any special dietary restrictions?  No  Yes

If YES, explain: \_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)?  No  Yes

If YES, explain: \_\_\_\_\_

Has the youth had any concussions at any time?  No  Yes

If YES, list dates of all concussions: \_\_\_\_\_

## PERMISSION TO DISPENSE MEDICATIONS

Will the youth need to take any prescription medication during camp?  Yes  No

If YES, please list the specific prescription, and daily dosage:

Medication	Reason	Dosage/Time(s)	Self dispense? Location kept?

Participant may be administered the following over the counter medications by camp personnel:

Ibuprofen (i.e. Advil)  Yes  No; Acetaminophen (i.e. Tylenol)  Yes  No;

Antacids / Anti-Nausea: (i.e. Maalox)  Yes  No; Throat / Cough Lozenges:  Yes  No;

Allergies (i.e. Benadryl)  Yes  No

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give permission to the staff of Kat Conner Soccer Camp personnel to administer the prescription medications and over the counter medications indicated above. I understand it is the responsibility of the parent/guardian to give medication(s) directly to the camp director or designated staff member on the first day of camp in individual dosage containers, original prescription containers, clearly labeled with dosage. My child may possess and self-administer the following medicine(s): \_\_\_\_\_, and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp. I hereby release the Kat Conner Soccer Camp, its coaches, trainers, personnel, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**PART III. ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION AGREEMENT**

**PARTICIPANT'S LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

CAMP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_

I am the Parent/Guardian of the above-named Participant and am fully competent to sign this Agreement. I realize that my child's participation in Kat Conner Soccer Camp activities carries with it risk of injury/illness, which could be catastrophic, even when all rules are followed and conditions are optimal. Participation in camp activities often occurs during times of elevated temperature and humidity. Accordingly, participants must be physically fit and highly conditioned. There are various safety issues that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions have been deemed dangerous by coaching staff (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury, illness and death in any camp activity, and this risk is increased even more so with contact sports, including the sport of soccer. I acknowledge that my child's voluntary participation in this camp may expose him/her to hazards of risks that may result in his/her illness, personal injury, and/or death.

I acknowledge that I am aware of the risks of injury, illness and/or death, and knowledgeable concerning rules, equipment and practices being employed by the Kat Conner Soccer Camp personnel to minimize my child's risk of sustaining an injury, illness and/or death while participating in camp activities. My child agrees to use all required protective equipment and follow all rules and instructions from Kat Conner Soccer Camp officials regarding safety. As well, my child has no physical infirmities which could be worsened or aggravated by participation and I declare him/her physically fit and in good medical condition to engage in all camp activities.

In consideration of my child being permitted to participate in the camp and to use the program's facilities and equipment, I hereby accept all risk to my child's health and of his/her injury, illness or death that may result from such participation. I hereby release and hold harmless Kat Conner Soccer Camp, Kat Conner d/b/a Kat Conner Soccer Camp, coaches, trainers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including paralysis or death), damage, loss or costs that may incur as a result of my child's participation in the camp, whether caused by negligence of owners, officers, agents, employees or representatives or otherwise related individuals. I intend this release to be binding upon his/her/my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless Kat Conner Soccer Camp, Kat Conner d/b/a Kat Conner Soccer Camp for any damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity. I have carefully read this agreement, and I understand that it is legally binding document that affects my child's legal rights and remedies. I have had the opportunity to review this document, ask questions about its contents, and am executing it voluntarily and am under no duress to do so.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address (if different than Participant's)