

Camper _____ Birth Date _____
(Please print full legal name)

Sport Women's Soccer Session Dates **(Please check box)** Day Camp (June 23-27, 2008) Elite Camp (July 12-15, 2008)

Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in camp activities we must have this form. Otherwise parent or guardian must be contacted prior to participation.

Parent's/Guardian's Authorization

This is to certify that _____ has been examined by a physician within the past year, and that she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus immunization _____ Allergies _____

Drug Sensitivities _____

Other Medical Problems/Current Medications _____

What accommodations should be made to insure proper administration and storing of the medication?

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Y _____ N _____

Signed _____
Parent/Guardian

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in the Elon Soccer Camp, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release Elon University, all employees of Elon University, the Elon University Soccer Camp and their officers, employees and agents, from all liability for injury or property damage which may occur as a result from any and all reasons. I hereby authorize and give my consent for my daughter,

As a parent or guardian of the above named child, I do hereby release the Elon Soccer Camp, Elon University, and any and all volunteers, employees, officers, and agents, of the above named entities, from any and all liability for personal injury which may occur to me or my child during any and all camp activities including travel to and from Elon Soccer camp activities.

I hereby authorize and give my consent to the health care providers to perform upon or administer to my above named child any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

Parent's/Guardian's Signature Date

Student's Signature Date

Name _____
Parent/Guardian Print or Type

Address _____

City _____ Insurance Company _____

State _____ Zip _____ Insurance Co. Address _____

Home Phone _____

Work Phone _____ Policy No. _____

Date _____ Policy Holder _____