

# Medical Consent Form

All campers must be covered by insurance. The following must be completed in order to participate.

Medical Insurance Policy Name: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

A copy (front and back) of the insurance card must be attached.

## Contact Information:

Father's Name \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Should my child sustain any accident or illness while attending Total Soccer Academy, I hereby authorize the Director, or his agent, to execute any and all documents, including and necessary releases, which might be required by any medical facility to perform any emergency care in my behalf. In the event that my child has an illness or accident during the program, which requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage. I give permission for my child to participate in any and all activities. I give permission for photos and related information related to my child's performance in any aspect of Total Soccer Academy to be used for marketing purposes, including our website. I acknowledge that my child's participation in the program activities entails known and unanticipated risks, which could result in physical or emotional injury. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the program. I hereby waive any right of legal action against Total Soccer Academy, or its agents.

I, the undersigned, for myself and as guardian of \_\_\_\_\_ understand that soccer is an active, physical sport, and that injuries can take place during play. I hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/legal guardian)

Print Name: \_\_\_\_\_