

Medical History & Treatment Parental Consent Form

Important: Each person who attends Dustin Fonder Soccer Academy must have this form Completed in full, on their behalf by a parent or legal guardian if under 18 years of age.

Section A-C: To be filled out by parents (please print)

Section D: To be filled out by Parents or Family Physician. (A physical is not required)

Section A:

Name of Participant: _____ Name of Camp attending: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
Parent or Guardian's Name: _____
Phone Number 1: _____ Phone Number 2: _____

Section B: (Participant must be covered by an existing health insurance policy.)

Name of Company: _____ Phone Number: _____
Medical Insurance Policy Number: _____

Section C: (Medical Treatment & Liability Release)

I/We, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend Dustin Fonder Soccer Academy and fully participate in all activities thereof. In order that my daughter receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Dustin Fonder Soccer Academy to obtain medical treatment for my child for such an injury or illness during camp, and hereby release and agree to hold harmless Campbell University, Dustin Fonder Soccer Academy, their agents, employees, and representatives from any and all claims and liability arising in anyway out of their exercise of this authority. I understand and agree that all bills for medical care treatment will be forwarded to my insurance company, or me and that it will be my responsibility to see that bills are paid.

I/We further acknowledge, understand and agree that in participating in the camp, there is a possibility of physical illness or injury and that my son or daughter is assuming risk of such injury by their participation.

(Parent's Signature) _____ (Date) _____

Section D: (Medical History Form)

Date of last tetanus injection: _____

Please check diseases camper has had: ___ Mumps ___ Measles ___ Polio ___ Chicken Pox

List any allergies: _____

Is the camper allergic to any medication? ___ Yes ___ No

If yes, please explain: _____

Does the camper under the care of a physician or taking any medication? ___ Yes ___ No

If yes, please explain: _____

Does the camper under the care of a physician or taking any medications? ___ Yes ___ No

If yes, please explain: _____

Does the camper have any of the following frequently or is he/she a victim of any of the following:

___ Nosebleeds ___ Rupture ___ Ear Aches ___ Stomach Cramps ___ Heart Exhaustion

___ Epilepsy ___ Heart Condition ___ Sore throats ___ Diabetes

Has the camper been hospitalized? ___ Yes ___ No

If yes, please explain: _____

Parent's/Guardian signature: _____

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Your e-mail address: _____

Release for Media Usage

I, the undersigned, do hereby consent and agree that **Dustin Fonder Soccer Academy** and its employees or agents have the right to take photographs, videotape or digital recordings of my child/children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of **Dustin Fonder Soccer Academy**. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Dustin Fonder Soccer Academy**, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child/children, either for initial or subsequent transmission or playback.

I also understand that **Dustin Fonder Soccer Academy** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Participant: _____ Parent/Guardian: _____

Signature: _____ Date: _____