

Parental Consent Form

Camper Name: _____

Age: _____

Date of Birth: _____

Does the camper have any:

Allergic Reactions: _____

Present Medications: _____

Other conditions that the Camp Administration should know about: _____

Emergency Contacts

Primary Contact:

Name and Phone Number: _____

Alternate Phone: _____

Secondary Contact:

Name and Phone Number: _____

Alternate Phone: _____

Insurance company: _____

Policy holder: _____

Policy number: _____

Inclement Weather Policy

I acknowledge that Elite Soccer Camps is not responsible for time lost during the camp due to inclement weather. No refunds will be issued. Note that we do have access to indoor facilities but not 100% unlimited access.

Roommate Policy

Elite Soccer Camps LLC makes every effort to honor roommate requests. I understand there are

times not all requests can be accommodated. I also give permission to the camp staff to make changes to rooming assignments during camp as they see fit.

Note: Changes to roommate assignments during camp rarely occur. One example that could create a change would be if a camper was injured forcing him to leave camp. Elite Soccer Camps, LLC would reserve the right to move the roommate who has not left camp to another room, possibly creating a triple.

PARENTAL STATEMENT:

I hereby verify that my child is physically fit to play the contact sport of Soccer. In addition, I authorize any emergency treatment deemed necessary for my child to be administered by the provided Camp Staff and agree not to hold the Camp Staff, Randolph-Macon College, the coaches, or the Soccer camp staff liable for any injuries.

Parental permission must be obtained before medical treatment can be rendered to a person under 18 years of age. This consent form should be read and signed by a parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. If the form is not signed, it will be interpreted as a refusal of permission. Please note that your child may not participate in the Soccer camp until we receive the signed Parent Consent form.

I GIVE PERMISSION TO THE COLLEGE HEALTH CENTER & CAMP STAFF TO CARRY OUT SUCH EMERGENCY DIAGNOSTIC AND THERAPEUTIC PROCEDURES AS MAY BE NECESSARY FOR MY CHILD AND IN THE PHYSICIANS' ABSENCE FOR THE CAMP STAFF ON DUTY TO RENDER EMERGENCY CARE IN LINE WITH STANDING ORDERS, AND ALSO PERMIT SUCH PROCEDURES TO BE CARRIED OUT AT AND BY ONE OF THE LOCAL HOSPITALS IN THE EVENT THAT MY CHILD HAS BEEN SENT OR TAKEN THERE FOR EMERGENCY CARE. I ALSO ACKNOWLEDGE THAT, IN THE EVENT OF AN INJURY, I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COSTS INCURED AS A RESULT OF TREATMENT. I AM AWARE THAT ELITE SOCCER CAMPS, LLC DOES NOT PROVIDE HEALTH INSURANCE FOR IT'S PARTICIPANTS.

I declare that I am the father / mother / guardian of the above-named minor/camper.

Parent/Guardians Name: _____

Date: _____