

Camper Name _____ Birth Date _____ Social Security Number _____

(Please print full legal name)

Sport W. Soccer Session Dates _____

Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian if participant is under 18 years old. Participants who are 18 years old, or will become 18 years old, before the beginning of the program must also sign this authorization. In order for campers to participate in activities we must have this form ***IN ADDITION TO A COPY OF A PHYSICIAN SIGNED PHYSICAL NO OLDER THAN ONE YEAR.***

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 X _____
Parent/Guardian

Release of Liability and Medical/Surgical Health Care Authorization

In consideration of being permitted to participate in the Western Carolina Soccer Camps LLC, 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 Western Carolina Soccer Camps LLC and their staff, the North Carolina State Board of Regents, Western Carolina University, the Sports Camps and their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of it's employees, agents or officers

I hereby authorize and give my consent to the health care providers and WCU Staff 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.

This permission is good only while the participant is attending the Western Carolina Soccer Camps LLC at Western Carolina University and only until the participant has attained his/her eighteenth birthday (if conscious at the time of medical treatment/health care).

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

X _____
Parent's/Guardian's Signature Date

X _____
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 _____