

Parental Consent Form

This completed form will enable health facilities in Greenville and Academy staff to provide prompt care to your minor son or daughter.

All Areas of This Form Must Be Completed Prior to Academy Participation

Camper's Name _____

Social Security # _____ Birth Date _____

Guardian's Name/Relationship _____

If yes, please describe

___ No ___ Yes Allergic reactions (drugs, food, asthma . . .) _____

___ No ___ Yes Taking any medication at this time _____

Date of last tetanus toxoid _____

In Case of Emergency

Father Home Telephone _____ Father Work Telephone _____

Mother Home Telephone _____ Mother Work Telephone _____

Other Emergency Number (List person to contact) _____

Your Insurance company _____

Policy # _____ Name of Policy Holder _____

Any instructions regarding your insurance _____

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Academy to seek during the period of the Academy appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the Academy's excess medical coverage policy.

I/We, the undersigned, for ourselves and as guardian(s) of _____
Camper's Name

understand that soccer is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending the Academy, there will be a limited number of coaches and/or counselors, and that our child can not receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and Academy activities.

I/We represent that I/We have sought the opinion of our child's pediatrician,

_____, and he concurs that, _____
Name of Camper's Physician Camper's Name

is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Doug Allison's Soccer Academy, Inc., and Columbia United Football Club, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in Academy Activities or while at Academy, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian _____ Date _____