

# PARENTAL CONSENT FORM

All Areas of This Form Must Be Completed and Signed Prior to Camp Participation

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

Social Security #(optional) \_\_\_\_\_ Birth Date \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Allergic reactions (drugs, food, asthma...) No Yes If yes, list: \_\_\_\_\_

Taking any medication at this time? No Yes If yes, list: \_\_\_\_\_

## In Case of Emergency

Father Home Telephone \_\_\_\_\_

Father Work Telephone \_\_\_\_\_

Mother Home Telephone \_\_\_\_\_

Mother Work Telephone \_\_\_\_\_

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

Phone Number \_\_\_\_\_

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 to the staff of the Camp to seek during the period of the Camp 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 camp'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 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 camp activities. I/We, represent that I/We have sought the opinion of our child's pediatrician

\_\_\_\_\_ and he/she concurs that, \_\_\_\_\_  
**Name of Camper's Physician** **Camper's Name**

is fully capable of safely engaging in these activities. I/We the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the ATS Soccer Camps 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 Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**MIDAMERICA NAZARENE UNIVERSITY  
LIABILITY RELEASE AND WAIVER**

I understand that MidAmerica Nazarene University is not sponsoring the ATS Soccer camp or league in which I am participating. I acknowledge and agree that participation is strictly voluntary and between the camp sponsor and myself.

I further acknowledge and agree that while attending these camps and traveling to and from these camps there is the potential for accidents to occur. I for myself, my heirs, executors, administrator and anyone else who may claim on my behalf, covenant not to sue and WAIVE, RELEASE AND DISCHARGE MidAmerica Nazarene University, its officers, director, agents, employees, representatives and successors, for any and all claims or liability, whether foreseen or unforeseen, for personal injury or property damage directly or indirectly arising out of, or in the course of, my participation in the camp or league.

If participant is under 18, the parent or legal guardian needs to read this information and print and sign their name below.

Date: \_\_\_\_\_

CAMP PARTICIPANT NAME: (Print) \_\_\_\_\_

Signature \_\_\_\_\_

PARENT OR LEGAL GUARDIAN: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_