

EMERGENCY DATA AND LIABILITY WAIVER



Camp Safety Information

My child is enrolled in camp:

- Week 1
- Week 2
- Week 3
- Week 4

My child is:

- currently taking medications
- a non-swimmer
- a weak swimmer (shallow end only)
- a good swimmer

NOTE: All swimmers will be evaluated by our certified lifeguards.

Child's Information (required)

1st Child: _____ Age: _____ Birthday: _____ Sex: _____

2nd Child: _____ Age: _____ Birthday: _____ Sex: _____

3rd Child: _____ Age: _____ Birthday: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/ Guardian's Information (required)

Mother: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (cell): _____ Phone (office): _____

Phone (home): _____ eMail: _____

Father: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (cell): _____ Phone (office): _____

Phone (home): _____ eMail: _____

Emergency Contact/ Authorized to Pick-up (2 required, must be different from parent/guardian listed above)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (cell): _____ Phone (office): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (cell): _____ Phone (office): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (cell): _____ Phone (office): _____

Child's Medical Information (required)

Primary Care Physician: _____

City: _____ State: _____ Zip Code: _____

Phone (office): _____

Insurance Provider: _____ Policy Number: _____

Date of last Tetanus Shot: _____

Current Medications: _____

Allergies (medicine, food, bees, etc.): _____

Special Conditions (disabilities, etc.): _____

Please read the following carefully:

I, _____ (parent/guardian), understand that participation in sports activities and sports-related camps involves a degree of risk for accidental physical injury, and hereby give permission for my minor child or children to participate in all camp activities including skill and tactical training sessions, indoor and outdoor games, recreational games and soccer activities, and swimming, except as indicated above. I agree to hold harmless and release Chip Rohr Soccer, its employees and subcontractors, Linton Hall School and its agents, and sponsors from legal liability resulting from any injuries to my child which may be sustained during participation in these activities. I certify that my child has been examined by a physician in the past year, and is in satisfactory health to participate in these activities. This statement is offered in lieu of a doctor's certificate to that effect. I understand that Chip Rohr Soccer cannot be responsible for loss or damage to my child's personal possessions. Chip Rohr Soccer has my permission to use photographs of my child or children for promotional purposes.

I also understand that any child whose body temperature exceeds 100 degrees Fahrenheit, is afflicted with recurrent vomiting or diarrhea, displays any signs or symptoms of communicable disease or any combination thereof, will not be permitted to attend camp so long as the symptoms persist. If the child displays the symptoms prior to the start of the camp's day, I agree no to bring the child to camp that day. I further agree to make immediate arrangements to pick up my child in the event that I am notified by Chip Rohr Soccer staff that any of these symptoms are present. I understand that my child will remain segregated in a quiet area monitored by Chip Rohr Soccer staff until the child is picked-up.

I hereby authorize the management of Chip Rohr Soccer to obtain emergency medical care for injury or illness that might occur to my child or children during the camp activities. I further direct all medical and hospital facilities to accept this document as authorization to render essential care deemed medically necessary in the event that I cannot immediately be contacted and informed of an emergency.

Signature of Parent/Guardian (required)

Signature of Witness (required)

Print Name (required)

Print Name (required)

Date (required)

Date (required)
