

**JESSEE SOCCER ACADEMY
2018 CAMP MEDICAL FORM
MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE**

*Note: This form is required prior to participation in sport camps or clinics.
Participation will not be permitted until this form has been completed, signed, and is
on file with the sports camp.*

CAMP INFORMATION

Sport: SOCCER

Camp Name: _____ Camp Date(s): _____

PARTICIPANT INFORMATION

Name: _____ Age: _____ Date of Birth: _____

Home Address: _____
Street Address City State Zip

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Participant: _____

Phone: Cell (____) _____ Work (____) _____ Home (____) _____

HEALTH INSURANCE INFORMATION

***For overnight camps, please attach copy of insurance card**

Family Physician: _____ Phone: (____) _____

Insurance Company: _____ Group #: _____ Policy #: _____

MEDICAL HISTORY

***If you answer yes to any of the conditions below, please explain.**

Asthma: NO YES *if you use an inhaler, bring it with you to camp!

Allergies (if yes, please list type and severity):

Insect bites/stings: NO YES _____

Medications: NO YES _____

Food: NO YES _____

Other: NO YES _____

Current Medications (please list): _____

Other Medical Condition: _____

(OVER)

RELEASE OF LIABILITY: : I hereby release and discharge, indemnify, and hold harmless Jessee Soccer Academy and their members, officers, agents, employees, and any other persons or entities acting on their behalf, their successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in the sports camp activities, including overnight stays on campus.

ASSUMPTION OF RISK: I understand that there are risks associated with playing all sports, including soccer activities. In consideration for my child attending the camp, my signature indicates that I assume the risk of any injuries my child may sustain while participating in the soccer camp including, but are not limited to, bodily injury, broken limb, sprain, contusion, laceration, and/or concussion.

CONSENT FOR TREATMENT: I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for sports camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary. Note: Overnight stays on campus may be supervised by camp counselors and not certified athletic trainers.

PHYSICAL EXAMINATION WITHIN ONE YEAR: I certify that within the past 12 months my child has had a physical examination by a physician and that he/she is physically able to participate in the sports camp activities.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation. I further understand that the sports camp carries an excess medical insurance policy for sports injuries to the camper that may result from camp activities. Camp insurance has limits and exclusions and any secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS

Participant signature (if over 18) or Parent/Guardian signature (if participant is under 18)

Signature: _____ Date: _____

Print Name: _____ Relationship to Participant: _____

THE
UNIVERSITY
OF RHODE ISLAND

DIVISION OF
ADMINISTRATION
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BUSINESS SERVICES

210 Flagg Road, Suite 208, Kingston, RI 02881 USA p: 401.874.2501 f: 401.874.5959



Minor Consent & Release Form

I hereby certify and agree that _____ (Child's Name) (hereinafter, "My Child")
has my approval to participate in _____ (hereinafter "the Activity") to be held on
_____, at the University of Rhode Island.

I know the nature of the Activity and My Child's experience and capabilities and consider My Child to be qualified to participate in the Activity. However, I acknowledge that there are certain risks of physical injury or illness associated with the Activity.

In return for My Child's participation in the Activity: I fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, University of Rhode Island, Rhode Island Board of Education and the State of Rhode Island including its governing board, officers, employees, students, agents and volunteers (hereinafter collectively referred to as "the University") from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including but not limited to travel to, from, and for the activity, or while on premises owned or controlled by the University. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the University. I further agree to indemnify and hold harmless the University for any loss, liability, claim or injury caused by me (my child) while participating in this activity including traveling to, from, and for the activity, or while on premises owned or controlled by the University.

I recognize that the University does not assume responsibility for or liability for - including costs and attorney's fees - any accident or injury or damage resulting from any aspect of participation in the Activity. The University is not liable for any special, incidental or consequential damages arising out of or in connection with any aspect of participation in the Activity.

I also give permission for My Child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by My Child. However, I agree that the University (including, but not limited to, each of the University's regents, boards, agents, employees, officers or representatives) are not responsible for any medical bill incurred as a result of any personal illness or injury to My Child, even if the University has signed hospital documentation promising to pay for the treatment. That medical bill is my responsibility.

I understand that by signing this document, I give up substantial rights that I or My Child would have otherwise to receiver damages for any loss occasioned by the University's fault, and I sign it voluntarily and without inducement.

THIS IS A WAIVER OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Signature of Parent/guardian

Date

Daytime Phone (Parent/guardian)

Medical Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Emergency Contact Name & Phone: _____