

Silva Soccer Camp

PLAYER EMERGENCY/MEDICAL FORM (TO BE COMPLETED BY PARENT/GUARDIAN ONLY)

Date of Camp Week(s) _____

Player's Name _____ Telephone (Home) _____

Home Address _____ City _____

State _____ Zip Code _____

Parent/Guardian Name(s) _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Cell) _____

Emergency Contact _____ Relationship to Player _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Cell) _____

Family Physician _____ Telephone _____

Physician Address _____

Preferred Place of Medical Treatment _____

Please list history of any previous injuries, operations, etc. _____

Special medical conditions, allergies, etc. _____

Is the player on any special medication? _____

Is the player limited in his/her athletic participation? Please explain. _____

Any other special restrictions: _____

Other special remarks, instructions, etc. _____

Parent/Guardian Signature(s): _____ Date: _____

Silva Soccer Camp

Parent/Guardian Waiver of Injury Release Form

I/We hereby grant permission for my/our child to participate in all activities at the Silva Soccer Camp. I acknowledge the possibility of injuries that may occur from participation in camp activities, and I/We release Silva Soccer Camp, LLC and its employees from any claims or liabilities on account of any injuries or accidents that may be sustained by my/our child while attending the Silva Soccer Camp. I/We indemnify and hold harmless Silva Soccer Camp, LLC and the Borough of Demarest from any and all liabilities and waive claims for damages and/or costs acquired due to accidents or injuries to my child as a result of his/her participation in camp activities. I/We certify that my/our child is in good physical condition and, within the past year, has had a physical examination and can partake in the daily schedule of events. In case of an emergency, I/We grant permission for my child to be given medical treatment at a local hospital and allow the attending physician to hospitalize and/or secure proper treatment. I/We understand that primary insurance is that of the family and secondary insurance is that of Silva Soccer Camp, LLC.

I/We, parent(s)/guardian(s) of the participant, certify and agree with the all of the above statements.

Player's Name:

Parent/ Guardian Name(s):

Parent/ Guardian Signature(s):

Date: _____

Please print out and fill in the above information. Each player must have a completed, signed emergency/medical form and waiver of injury release form on the first day before he/she can participate. Blank forms will also be provided at first day sign-in to be completed by parent/guardian only.