

DAVID DOUGLAS SOCCER CLUB

SUMMER2015 SOCCER CAMP

WHEN

August 17th - August 20th
6pm - 8pm

PLAYERS

Girls & Boys
4-14 Years Old

COST

\$40

WHERE

Gilbert Heights
City Park
130th & Cora

Athlete's Registration Information				
Last Name, First Name	BirthDate	Age	Grade	M/F Gender
Street Address	City		State	Zipcode
Athlete's Parent Guardian				
Name				
Email Address	Phone			
Emergency Contact				
Name				
Relationship	Phone		Alternate Phone	

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe. YES | NO

Is the athlete prescribed an inhaler? If yes, please explain any instructions. YES | NO

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by David Douglas Soccer Club during the selected camp. In exchange for the acceptance of said child's candidacy by David Douglas Soccer Club, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless David Douglas Soccer Club . and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against David Douglas Soccer Club. including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the David Douglas Soccer Club . and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and my absence.

Parent/Guardian Signature

Date

