

Elite Girl's Soccer Academy

Parental Consent Form

This completed form will enable health facilities and camp staff to provide prompt care to your son or daughter.

ALL AREAS OF THIS FORM MUST BE COMPLETED PRIOR TO CAMP PARTICIPATION

Camper's Name _____

Birth Date _____ Guardian's Name/Relationship _____

_____ Yes _____ No Allergic Reactions (drugs, food, asthma...) _____

_____ Yes _____ No Taking any medication at this time _____

Date of last tetanus toxoid _____

IN CASE OF EMERGENCY

Father Home
Tel.# _____

Father Work Tel.# _____

Mother Home
Tel.# _____

Mother Work Tel.# _____

Other Emergency
Contact _____

Tel.# _____

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 parents or legal guardian of the camper. I hereby give permission for the staff of the camper 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 an accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camper's excess medical coverage policy. I/We, the undersigned, for ourselves and as guardians of _____ (camper's name) understand that soccer is an active, physical sport and that injury can take place during play. I/WE also understand there will be a number of children attending camp, there will be a number of coaches and /or counselors, and that our child cannot receive individualized attention and supervision all of the time. 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 _____ (name of physician) and he concurs that, _____ (camper's name) is fully capable of safely engaging in the activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sports activities and that I/we are confident that he/she is able engage in such a sport. I/WE the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge TCNJ EGSA Camps, Inc. 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 _____

PLEASE FILL OUT BOTH FORMS AND RETURN IT WITH YOUR DEPOSIT TO RESERVE YOUR SPACE AT CAMP

Mail forms to E.G.S.A. c/o Women's Soccer Office TCNJ, PO Box 7718 Ewing, NJ 08628

For Office Use	Date Rec.	Adidas	Dep.	Bal.
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