

# Northview Soccer Camp Medical/Consent Form

## Sponsored by Synergy Release Sports

In order to enable local health facilities to provide prompt care to your minor son, we urge you to read and complete this consent form. This will enable us to help your child without delay in the event of an emergency

Name of Camper: \_\_\_\_\_

Age (as of 6/1/10): \_\_\_\_\_

Guardian's Name/Relationship \_\_\_\_\_

Allergic Reactions:            No \_\_\_\_\_ Yes \_\_\_\_\_ (check one)

If answered Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Medication taken at this time:    No \_\_\_\_\_ Yes \_\_\_\_\_ (check one)

If answered Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts:

Name of Parent or Guardian:

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of Parent or Guardian:

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Other emergency contact (name/ contact number)

\_\_\_\_\_

**Medical Insurance is Mandatory of all campers.**

Your insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Any instructions regarding your insurance:

\_\_\_\_\_

\_\_\_\_\_

I/We hereby undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp, during the period of the camp, to seek 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 accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. 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 family physician,

\_\_\_\_\_ (name of camper's physician), and he/she concurs that the above named camper is fully capable of safely engaging these activities.

I/We also understand that it is my/our responsibility in caring for the camper listed above, to be sure that he/she is fully capable of engaging of this sports activity, and I/We are confident that he is able to engage In such sport.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Questions: Please contact Michael Hatrak Jr. with all questions.  
Office-770-740-9200 Direct-770-815-6283 email – michaelhatrak@yahoo.com

Please fill out this form completely and mail to Synergy Release Sports at 6495 Shiloh Rd Ste 110, Alpharetta GA 30005. This form must be sent in before May 20<sup>th</sup>, 2010.