

## Camp Waiver

The named camper, \_\_\_\_\_, has my permission to participate in the camp program. In case of emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below.

The HEALTH HISTORY provided is correct to the best of my knowledge, and the child described herein has permission to engage in all prescribed program activities except as noted by the examining physician and me. I hereby authorize the staff of Amaral Soccer Academy to provide care that includes routine diagnostic procedures (i.e. x-rays, blood and urine test) and medical treatment as necessary to my minor son/daughter \_\_\_\_\_. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the camp.

Please list the physical conditions that the clinician should be aware of (allergies, recurring illnesses, injuries, disabilities, chronic illnesses)

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Date most recent tetanus immunization: \_\_\_\_\_ (If more than 10 years ago, a shot is recommended)

Accident insurance is provided by Amaral Soccer on an excess basis. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage.

I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his/her participation in the program listed above. I, as the parent/guardian of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Amaral Soccer, The Williston Northampton School, and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to the person or property which I or the participant may suffer, or for which the participant may be liable to any other person, related to their participation in the programs (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant (print): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_