

Parental Consent Form

All Areas of This Form Must Be Completed and Signed Prior to Camp Participation
The George Tarantini Soccer School is not affiliated with NC State University

Campers Name: _____
Social Security #: _____ Birth Date: _____
Guardian's Name: _____ Relationship: _____
Home Phone: _____ Email Address: _____
____ No ____ Yes Allergic Reaction (Drugs, Food, Asthma...) If yes, list: _____
____ No ____ Yes Taking any medication at this time? If yes, list: _____

In Case Of Emergency

Father Home Telephone: _____
Mother Home Telephone: _____
Other Emergency Contact Name: _____ Phone #: _____
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 parent of legal guardian of the camper. I hereby give permission for the staff of the Camp 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 accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

***I/We, the undersigned, for ourselves and as guardian(s) of _____
Camper's Name***

I understand that soccer is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and / or counselors, and that our child can not 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 Camper's Physician
and he/she concurs that, _____
Camper's Name***

is fully capable of safely engaging in these 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 sport's activity, and I/we are confident that he/she is able to engage in such sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the NC State Soccer Camp, 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: _____
Address: _____
City/State/ZipCode: _____

Medical History

(To be completed by Parents or Guardian)

Camper _____ Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____ Telephone _____

Family Physician _____ Telephone _____

Is there a known history of:

- | | | |
|---|-----|----|
| A. Birth deformities? (one eye, one kidney, etc.) | YES | NO |
| B. Known past illness of more than one week's duration? | YES | NO |
| C. Fractures or other disabling injuries? | YES | NO |
| D. Medical conditions currently under treatment? | YES | NO |
| E. Any permanent deformity or disability? | YES | NO |
| F. Any known allergies? (drugs, food, etc.) | YES | NO |
| G. Mental disorder or convulsions? | YES | NO |

Explain any above questions answered "YES": _____

Parental Permission

As parent or legal guardian of _____, I hereby grant permission for him to participate in the NC State Soccer School.

I agree to the need for a screening medical examination and certify that the history is accurate to the best of knowledge.

_____ has my permission to receive medical treatment.

(Camper's Name)

I, _____, for the above named patient, knowing that the said patient is suffering from a condition requiring hospital care, and knowing that the said patient is unable to effectively consent to such necessary hospital care, do hereby voluntarily consent on behalf of the said patient to such diagnostic procedures and hospital treatment by the attending physician (or physicians), or the assistants or designees of the said physician (or physicians) as is necessary in his (their) judgment.

Signature_____Date_____

Relationship_____

***Parent(s) or Guardian(s) will be notified immediately. If we are unable to contact you, this will enable your child to receive immediate medical attention.**

Name: _____

-

Name: _____

Physical Examination

(To be completed by a physician)

Height _____ Weight _____ Blood Pressure _____

Normal Abnormal Description

1. Eyes	_____	_____	_____
2. ENT	_____	_____	_____
3. Heart	_____	_____	_____
4. Lungs	_____	_____	_____
5. Abdomen	_____	_____	_____
6. Genitalia	_____	_____	_____
7. Muscle	_____	_____	_____
8. Musculoskeletal	_____	_____	_____
9. Neurological	_____	_____	_____
10. Skin	_____	_____	_____

Urinalysis: _____

Please list any allergies (i.e. drugs, food, etc.)

Last Tetanus Immunization: _____

(Month)

(Day)

(Year)

Currently taking medication: YES NO If yes, what type and dosage?

I certify that I have examined this camper and find him medically (qualified / not qualified) to participate in the NC State Soccer School.

Name: _____

Physician Signature: _____ Date: _____

Address: _____ Telephone: _____

Comments:

STATE OF NORTH CAROLINA
COUNTY OF WAKE

RELEASE, INDEMNIFICATION,
AND HOLD HARMLESS AGREEMENT

As a parent or legal guardian of _____,
(Camp Attendee)

I agree to release from, hold harmless, and indemnify North Carolina State University and its officers,
employees, and agents against any claims arising from said individual's participation in the NC State
Soccer School during the period of _____,
(Dates of Camp)

except where such claims arise from the negligence of the University; its employees, or agents.

This, the _____ day of _____,
20 _____.

Signature Parent's/ Legal Guardians

Street Address _____

City, State, and Zip Code

Alternative Emergency Phone # Phone# and

Please also include the following insurance information for which the camper is covered under.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____