



Soccer Camp Registration And Medical Release



Soccer Camp: K-age 12
August 20-24
2:00 – 5:00 pm
Cost: \$20/camper – Max. \$50/family

Camper Information

Campers Name: _____

Birthday: ____/____/____ Age: _____ Gender: _____ Shirt Size: _____

Contact Information

Mother's Name: _____ Father's Name: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Address: _____

Do you have a home church? _____

Emergency Information

Emergency Contact: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Physicians Number: _____

Medical Information

1. List your child's recent injuries, chronic conditions, or anything they take medication for?
2. Allergies? My child does have known food allergies My child has no known allergies
 - A. List any drug allergies here: _____

 - B. List any food allergies here: _____

 - C. List any environmental allergies here: _____

3. Please list and explain any other relevant medical information that was not addressed above. Please include activities to be restricted.

Photography and Publicity Release

If this box is marked then I DO NOT give permission for any of the sponsoring organizations to use photography that includes my child/ward.

If this is blank, then I give permission to all sponsoring organizations to use my child's likeness, image, voice and/or appearance as such may be embodied in any media including but not limited to pictures, photos, video recordings, audio tapes, digital images.

Medical and Liability Release

As legal guardian, I realize no activity is without the possibility of unforeseen hazards, which could result in injury or worse. As a parent or guardian, I am aware of my responsibility to instruct my child/ward of the importance of conduct, which will insure safety for all participants and in doing so I assume full responsibility for my child/ward. I further agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss, abuse, death or injuries to my child/ward.

By signing this form, I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment necessary for any injury. I also certify that I am the legal guardian of this child and can sign for them in a legal capacity.

Parent/Guardian Signature: _____ Date: _____

Return completed form to clcc@pris.ca
Call: (250)785-1723 for more information