

# Elite Colleges Elite Soccer ID Camp 2021 Permission to Treat and Clearance to Participate Form

Complete the form below and mail to: EC-ES ID Camp, c/o KC Men's Soccer Office, 221 Duff Street, KAC, Gambier, Ohio 43022.

## Emergency Contact and Medical Information for Camper

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Camper's Email Address

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
City, State, ZIP Code

## Alternative Emergency Contacts

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP Code

\_\_\_\_\_  
City, State, ZIP Code

## Medical Information

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations including medication

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# Elite Colleges Elite Soccer ID Camp 2016

## Permission to Treat and Clearance to Participate Form [part 2]

Complete the form below and mail to: EC-ES ID Camp, c/o KC Men's Soccer Office, 221 Duff St., KAC, Gambier, Ohio 43022.

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I (We), the undersigned, hereby certify that I (we) am (are) the legal parent(s) or guardian(s) of the camper. I (We) give permission for the staff to seek and allow appropriate medical attention for the camper in the event of an accident, injury, or illness. I (we) will be responsible for any and all costs of medical attention and treatment. I (We), the undersigned and as the guardian(s) of (camper's name) \_\_\_\_\_ understand that soccer is an active, physical sport, and that injuries can happen during training and play. I (We) also understand that, with any sport, injuries can occur, and that I (we) hereby acknowledge that my (our) child is physically fit and mentally capable of participating in soccer camp activities. I (We) represent that I (we) have sought the opinion of my (our) child's pediatrician Dr. \_\_\_\_\_ and I (we) concur that my (our) child is fully capable of safely engaging in camp activities.

I (we), the undersigned for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge [Soccer Scholarship USA, LLC](#) and Kenyon College, their staffs, officers, agents, and employees, representatives, successors, and assignor 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.

**Finally, I (we) have read this form and agree to honor it.**

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date