

# MIDWEST SOCCER ACADEMY

## THE DUTCH TOUCH

### DISCLAIMER OF LIABILITY FOR 2012

The Midwest Soccer Academy, and the host institutions where the camp is being conducted, does not assume liability for any injuries incurred while at camp or on the way to or from camp. Parents should contact their own insurance carrier to get additional insurance for the camper, if necessary. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the camper's parent or legal guardian.

In consideration of Midwest Soccer Academy, Inc. acceptance of the camper, the camper, by and through his/her parent or legal guardian, hereby acknowledges and understands that the camper will be involved in some intense training and competition and that injuries can and do sometimes occur during competition and other activities of the camp. The undersigned, on behalf of themselves and their child or ward, agree to hold harmless Midwest Soccer Academy Inc., its owners, staff, coaches and host institution where the camp is conducted from and against injuries incurred by the camper. The camper and his parents or legal guardian assume full responsibility for any damages or injuries which may occur to the camper during the camp session. The signer hereby fully releases, waives, and discharges Midwest Soccer Academy, Inc. its owners, staff, coaches and host institution from, against all claims, injuries, demands, actions, or causes of action arising out of the campers participation in the camp session and in the use of the host institution's facility. Also the legal guardian of the camper named in this disclaimer is releasing all right to Midwest Soccer Academy to use any photos taken of the camper at camp for promotions reasons. Promotional media include website, brochures, flyers and anything that would have to do with promoting Midwest Soccer Academy. Photo and/or personal information will not be sold to an outside payer without the written consent from the legal guardian.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### **Athlete Code of Conduct**

I hereby agree to abide by the rules of conduct as set forth by the Midwest Soccer Academy and its Staff, during the 2012 camp session. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind. I further agree to abide by curfew regulations as established by the Staff, and not to absent my self from the camp group at any time. I also agree to show respect for my fellow campers, the Academy Staff, the host institutions employees and other guests of the host institution. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for that day following my expulsion.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MIDWEST SOCCER ACADEMY- 2012

## Parental Consent Form Authorization for Providing Medical Treatment

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Date of Session: \_\_\_\_\_ Campsite: \_\_\_\_\_  
Phone (Home) : (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_  
(Mother) (\_\_\_\_) \_\_\_\_\_ (Father) (\_\_\_\_) \_\_\_\_\_ Player SS #: \_\_\_\_\_  
Emergency Contact other than Parent: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_  
POLICY # OR GROUP #: \_\_\_\_\_ SUBSCRIBER'S SS # \_\_\_\_\_

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### MEDICAL INFORMATION

Allergic Reactions:

\_\_\_\_\_  
Medication Presently Taken:

\_\_\_\_\_  
Date of Last Tetanus Toxoid:

\_\_\_\_\_  
Past Illness or Recent Treatment:

\_\_\_\_\_  
Restrictions on Activities:

\_\_\_\_\_  
Other Important Information:

\_\_\_\_\_

I acknowledge that our child is in good health and can participate in all activities without restriction (unless indicated above). I grant permission to the director, assistants, staff trainers and other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse).

Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_

I \_\_\_\_\_ (full name), declare that I am the \* Father \* Mother\* Guardian  
(Signature) (Circle the correct title)  
of \_\_\_\_\_ Date: \_\_\_\_\_  
The above named minor