



## PARENTAL CONSENT FORM

This completed form will enable health facilities in Canton and NPSE staff to provide prompt care to your minor son or daughter.

*All Areas of This Form Must Be Completed Prior to NPSE Participation*

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

Birthdate: \_\_\_\_\_

Guardian's Name/Relationship: \_\_\_\_\_

Does your child have any allergies to food, drugs or an asthma condition? (If yes, please list all allergies and conditions) Please circle: Yes or No

Is your child currently taking any medications (If yes, please list all medications) Please circle: Yes or No

Date of last tetanus toxoid: \_\_\_\_\_

### In Case of Emergency

Father Home Telephone: \_\_\_\_\_ Father Work Telephone: \_\_\_\_\_

Mother Home Telephone: \_\_\_\_\_ Mother Work Telephone: \_\_\_\_\_

Father's Cell phone: \_\_\_\_\_ Mother's Cell phone: \_\_\_\_\_

Other Emergency Number (List person to contact): \_\_\_\_\_

Your Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Insurance Phone # (listed on back of card): \_\_\_\_\_ Group # (if any): \_\_\_\_\_

Any instruction regarding your insurance: \_\_\_\_\_



I/We, thee undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Nuno Piteira Soccer Experience 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 NPSE's excess medical coverage policy.

I/We, the undersigned, for ourselves and as guardian of \_\_\_\_\_ 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 NPSE, 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 Academy activities.

I/We represent that I/We have sought the opinion of our child's pediatrician, (please list name) \_\_\_\_\_ And he/she concurs that (child'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 Nuno Piteira's Soccer Experience and Reinhardt College Soccer, and it's 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 or while at NPSE, whether or not damages, injury, or loss is due to negligence.

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

*Please fill out both pages of this form and return it with your deposit and registration form to reserve your space at camp.*