



## INFORMED CONSENT FORM FOR SOCCER CAMP 10 April 2018

Attendee's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

We accept and understand that the sport of soccer involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the coaches and mentors will plan and do what is necessary to minimize if not eliminate many of these risks; however, inherent risks of this sport cannot be completely eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the sports camp.

(Attendee Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

We certify that (Attendee's Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Attendee Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial)\_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Attendee Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_



I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial)\_\_\_\_\_

Soccer Camp Conduct Guidelines as follows:

1. Make certain that you wear all equipment that is necessary (shin guards, headgear if required by your doctor, gloves for goalies). Ensure your equipment is not poorly-fitted or defective.
2. Advise the coach (s) if you become ill or have any prolonged symptoms of illness.
3. Advise the coach (s) if you have been injured.
4. Comply with soccer rules with special attention given to avoiding such violations as:
  - a. Kicking or attempting to kick an opponent without any attempt at the ball.
  - b. Tripping an opponent.
  - c. Jumping at an opponent.
  - d. Charging an opponent from behind.
  - e. Charging violently at an opponent.
  - f. Striking or attempting to strike an opponent.
  - g. Holding an opponent.
  - h. Pushing an opponent.
  - i. Playing in a manner considered by the coach (s) to be dangerous such as kicking at a shoulder high ball when an opponent is trying to head it.

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT SOCCER CAMP. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT, WILL COMPLY WITH THE GUIDELINES AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Attendee's name (please print) Student signature Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT SOCCER CAMP. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print) Parent/guardian signature Date