

CAMPER
 STAFF



Medical Release Form for
MIDDLEBURY COLLEGE SOCCER CLINIC
MAY 16TH, 2015

Name of Camper/Athlete _____
Last / first / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my son _____ to participate in all camp activities at the 2015 Middlebury College Soccer Clinic. I hereby grant permission to those parties supervising the Middlebury Soccer Clinic, to obtain emergency treatment for my child _____ if necessary.

(Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury Soccer Clinic their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury Soccer Clinic.

(signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director, David Saward, to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

(Signature of PARENT/GUARDIAN)

Is there any medical aspect we need to know about your son? If yes, please provide an explanation below.

Please List any allergies to medications below:

Name of Insurance Company _____

Insurance Policy No. _____ (Please send a copy of your insurance card along with form.)

Family Physician or Clinic _____ Phone _____

Address _____

Students Full Name _____

Address _____

Home Phone () _____ Business Phone () _____

Emergency Contact _____ Relationship _____

Home _____ Work _____

Student's Signature

Parent/Guardian Signature

Parent/Guardian:

Please include a copy of your health insurance card along with this form by mail to:

Alex Elias
Middlebury Men's Soccer
Memorial Field House
Middlebury College
Middlebury, Vermont 05753

Please submit ALL FORMS by May 7th, 2015