

# SOCGER FUTURES @ Old Dominion

## Health Questionnaire and Assumption of Risk form (please read carefully and complete)

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Parent/GuardianName(s): \_\_\_\_\_

Person to contact (other than your parent or guardian in an Emergency). Please include phone #:

Health Insurance Company: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Family Doctors Name: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Please list any ALLERGIES you may have:

\_\_\_\_\_

\_\_\_\_\_

Please list any INJURIES which have occurred in the last six months:

\_\_\_\_\_

\_\_\_\_\_

Please list any MEDICATION you may take on a regular basis\*:

\_\_\_\_\_

\_\_\_\_\_

\*If medication needs to be administered by athletic trainer whilst at camp, camper must provide a note signed by a doctor giving permission.

Do you suffer from ASTHMA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Wear CONTACT LENSES? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any other MEDICAL CONDITIONS that our athletic trainer needs to know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Soccer Futures reminds all participants that soccer is at times a very physically demanding activity. The staff suggests that players attending prepare themselves for the camps by actively participating in a designed program which matches or simulates the type of physical exertion which will occur at Soccer Futures camps. Stretching, aerobic and anaerobic training plus proper nutrition are essential! Consult your soccer coach, physician or health club professional for specific workout programs and ideas.

**PARENT’S/GUARDIAN’S ACKNOWLEDGEMENT:**

I verify that my child has been checked by a licensed physician within the last 12 months and is physically able to participate fully in the Soccer Futures Camps. If medical attention is required for illness or injury while attending the camp, I give my permission for such care and certify that the applicant is covered by our family medical insurance program. Old Dominion University, Soccer Futures, and camp staff members are not responsible for and will not provide payment of any medical, dental, hospital or laboratory fees due to injury incurred while participating.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Participation Release Form OLD DOMINION UNIVERSITY - Assumption of Risk**  
(PLEASE READ BEFORE SIGNING)

In consideration of being allowed to participate in any way in SOCCER FUTURES camp, I, the undersigned, acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program is significant, including the potential for concussions, broken bones, sprains, ligament damage, muscle tears, permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and, 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releases (as hereafter defined) or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. Governing Law and Jurisdiction. The laws of the commonwealth of Virginia shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws of principles. All suits, actions, claims, and causes of action relating to the construction, validity, performance and enforcement of the Agreement shall be in the courts of the Commonwealth or Virginia. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants signature \_\_\_\_\_ Age: \_\_\_\_\_ Date signed: \_\_\_\_\_

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even is arising from the negligence of the Releases, to the fullest extent permitted by law.

Participants Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian’s signature \_\_\_\_\_ Date signed: \_\_\_\_\_

Emergency Phone #(s) \_\_\_\_\_

# Old Dominion University

## Camps and Conferences

### COVID-19 Acknowledgement of Risk

The **SARS-CoV-2 variant of the Coronavirus** is an extremely contagious virus that spreads easily through person-to-person, community, and surface contact. Infection by this virus can cause the disease known as COVID-19, which can lead to severe illness, personal injury, permanent disability, and death.

Participating in Old Dominion University's (hereinafter "ODU") **Soccer Futures camp** program or accessing ODU facilities could increase the risk of contracting COVID-19. ODU in no way warrants that COVID-19 infection will not occur through participation in programs or accessing ODU facilities. The undersigned hereby agrees that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of ODU (other than any exclusively online services and programs) within 14 days after (i) exposure to any person who has a suspected or confirmed case of COVID-19, (ii) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (iii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, nor at any time if he or she (iv) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (v) has a suspected or diagnosed/confirmed case of COVID-19.

The undersigned agrees to notify Angie Hind ([ahind@odu.edu](mailto:ahind@odu.edu)) immediately if he or she believes that any of the foregoing access/use restrictions may apply. The undersigned acknowledges that ODU cannot guarantee the safety of any member, guest, or staff member who utilizes the facilities, services, and programs. The undersigned acknowledges that use thereof by the undersigned and/or such participating children may, despite ODU's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

The undersigned acknowledges that ODU has established and communicated detailed safety protocols for the protection of staff, members, and guests. As a condition of accessing the premises and programs, the undersigned and such participating children accept responsibility to understand and abide by these protocols, and to check for updates before attending and daily if necessary and assume the risk of contracting COVID-19. The undersigned further agrees to abide by the direction of ODU staff in relation to monitoring and enforcement of these protocols.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK AND ACCEPTANCE OF RESPONSIBILITY FOR COMPLIANCE WITH SAFETY PROTOCOLS THAT HAVE BEEN ESTABLISHED BY OLD DOMINION UNIVERISTY. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO ODU THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

Except as permitted by the Virginia Tort Claims Act, I agree that I am assuming all risk and responsibility for use of these facilities at Old Dominion University.

IN WITNESS WHEREOF, this instrument is duly executed this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature (Parent if a minor)

\_\_\_\_\_  
Participant Name (Print Clearly)