

SOCCKER FUTURES @ Old Dominion

Health Questionnaire

Campers Name: _____ Date of Birth: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____ Emergency Telephone Number: (_____) _____

Parent/Guardian

Name(s): _____

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

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.

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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 _____ Emergency Phone #(s) _____

Date signed: _____