

LIONS SOCCER ACADEMY, LLC 2019
MEDICAL HISTORY AND RELEASE FORM
*You will not be admitted to camp without this form
PLEASE FILL OUT AND SEND WITH APPLICATION

Summer Clinic Sessions: July 25, August 2 2019

Participant's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Health History:

If the camper should be restricted from any activity, please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history, which would require special attention:

Has the camper had any of the following? Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure , Fainting, Heart conditions, Head Injury, Measles, Mumps, Pneumonia

If yes to any, please circle and explain: _____

Allergies: Yes/No If yes, please explain:

Drug Reactions: Yes/No If yes, please explain:

*****PLEASE ATTACH MOST RECENT PHYSICAL WITH DOCTOR'S SIGNATURE*****

INSURANCE INFORMATION:

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____

MINOR WAIVER/RELEASE
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
(Name of Minor Child/Ward)

participate in any way in the LIONS SOCCER ACADEMY related events and activities, undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS LIONS SOCCER ACADEMY; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

5. I, the parent/guardian, assert I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

(Date Signed)

UNDERSTANDING OF RISK I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

(Date Signed)

*Signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.