Honshtein Summer Camp
P A R E N T A L C O N S E N T / M E D I C A L F O R M

This form must be thoroughly completed and signed by the camper's parent/guardian.

CAMPER'S NAME _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

( )Yes ( )No _____

ALLERGIC REACTIONS (DRUGS, FOOD, ASTHMA). IF YES, LIST

( )Yes ( )No _____

TAKING ANY MEDICATION AT THIS TIME? IF YES, LIST

In case of emergency:

FATHER'S NAME _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

CAMPER'S INSURANCE CO. _____ POLICY HOLDER _____ POLICY NO. _____

Honshtein Soccer Camp Release Statement

Please fill out this form and return with your deposit to reserve your space at the camp.

I/We the undersigned hereby certify that I (we) am (are) the Parent(s) or legal guardian(s) of the camper. I (We) hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper, for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all cost of medical attention and treatment and have medical insurance to cover these costs.

I/We, the undersigned, for ourselves and as guardian(s) of

Camper's Name _____

I/We understand that soccer is an active, physical sport and that injuries can take place during play. I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and that our child cannot receive individual attention and supervision all the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the Honshtein Soccer Camp and its staff, officers, agents, employees, representatives, and successors, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian: _____ **Date:** _____