

Villanova Soccer Camps Medical Waiver

Villanova Soccer Camps has reserved a place for your child (“the participating student”) in the Villanova Youth Soccer Camp Program

MEDICAL INSURANCE INFORMATION : I understand that every participating student is required to have health insurance coverage that provides an appropriate level of benefits befitting a participant in a contact sport such as Soccer. I affirm that my child has an appropriate level of coverage.

RELEASE OF LIABILITY: I hereby release and discharge, indemnify and hold harmless Villanova Soccer Camps and their members, officer, employees and any other persons or entities acting on the behalf and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and cause of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and or bodily injury and or disability, arising from my child’s participation in the camp activities, including overnight stays on campus.

CONSENT FOR TREATMENT: I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

PHYSICAL EXAMINATION WITHIN ONE YEAR: I certify that within the past 12 months my child has had a physical examination by a physician and that he is physically able to participate in the sports camp activities.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during all camp participation. I further understand that Villanova Soccer Camp carries an excess medical insurance policy for sports injuries to the camper that may result from camp activities. Villanova Soccer Camp Insurance has limits and exclusions and secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

Signature of Parent _____

Name of Camper _____ Date of Birth _____

Camp Date attending _____