

3101 Browns Mill Road, Suite # 6 Box 109 Johnson City, TN 37604

## **Parental Consent Form**

## PLEASE COMPLETE ALL INFORMATION ON THIS PAGE

This form must be completed and signed by Parent/Guardian

Camper's Name:		D.O.B	/	/
Address:				
City:	State:	Zip:		
Parent/Guardian Name:	Rel	ationship: _		
Allergic Reactions? Y / N	f YES, list:			
Taking any medications at this time?				
Special Needs? Y / N If YES, lis	st:			
In case of emergency, please contact				
Father's Name:				
Home Phone:				
Mother's Name:				
Home Phone:			Other:	
Emergency Contact:				
Home Phone:			Other:	

All campers must have their own medical coverage. The BSA Academy provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers are not allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

CAMPER's INSURANCE CO.	GROUP #	
POLICY HOLDER	POLICY #	

## ETSU SOCCER ACADEMY RELEASE STATEMENT

I/We hereby authorize any medical treatment which may be advised/recommended by the attending physician while at East Tennessee State University. I/We acknowledge and understand that in participating in this camp, the possibility exists that my son may sustain physical illness/ injury (minimal, serious, catastrophic), in connection with this camp. I/We indemnify and hold harmless East Tennessee State University as well as its representatives, from any claims for personal illness or injury that my son may sustain during camp. I/We also give East Tennessee State University permission to utilize any photographs of my son for promotional use.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Parent/Guardian signature: \_\_\_\_\_