

Vermont Voltage Residential Overnight Camp

LIABILITY/MEDICAL RELEASE FORM

One form must be completed for each child that will be attending the camp.

Child's Name _____
Birth Date _____
Address _____
Grade in School _____ City _____ State _____
Zip _____
Phone # () _____

Parent/Guardian

I, _____(name) give permission to my above-named son/daughter to attend the Vermont Voltage Soccer Camp. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and /or given medication in accordance with standard medical practice by licensed medical personnel. I relieve Bo Vuckovic and International Soccer Academy, Inc. (dba Vermont Voltage) of all responsibility and consequences that may arise as a result of this treatment. I will not hold Bo Vuckovic or International Soccer Academy, Inc. (dba Vermont Voltage) or the staff liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical staff. My child agrees to abide by all the rules and regulations stated by Bo Vuckovic and International Soccer Academy, Inc. (dba Vermont Voltage) and the Voltage staff. I understand that Bo Vuckovic and International Soccer Academy, Inc (dba Vermont Voltage) will not be held liable if my child fails to cooperate with regulations.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Family Physician _____
Phone # () _____ Allergies:
Environmental(i.e.pollen,dust...) _____
Medications _____
Food _____
Current Medications _____
Medical History (be specific) _____
Mental Health Information (be specific) _____
Medical Insurance Provider _____
Insurance No. _____
In case of emergency, please contact:
Name _____
Address _____
Home #: () _____
Work #: () _____
Cell #: () _____
Name _____
Address _____
Home #: () _____
Work #: () _____
Cell #: () _____