The 2017 Mount Berry Soccer Academy:
Parental Consent Form for Treatment

□ **Overnight Camp:** June 14-17 □ **Day Camp One**: June 5-9 □ **Day Camp Two**: July 17-21

Name of Camper:_____

Social Security #:_____-_____-_____ Date of Birth:_____

Please provide the following information about the above named camper:

Allergic Reactions:_____

_____

Present Medications:_____

_____

Date of Last Tetanus Toxoid:_____

Past illness or other information that would be useful in the event of a treatment if necessary:_____

_____

_____

Physician:_____ Phone:_____

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Insurance Company:_____

Address:_____

City State Zip

Policy Holder:_____ Policy #:_____

Place of Employment:_____ Phone:_____

A photocopy of both sides of your medical insurance card is also acceptable.

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IN THE EVENT THAT A PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE INDICATE ONE OF THE FOLLOWING:

_____ I hereby certify that the Mount Berry Soccer Academy Staff has full and unconditional authority to proceed with diagnoses and treatment as judgment indicates for injuries during camp. The Mount Berry Soccer Academy shall not be held responsible for any consequence resulting from such injuries.

_____ I authorize limited care as follows:_____

_____

_____

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I declare that I am the Father / Mother / Guardian **(circle one)** of the above-named minor.

Signature:_____ Date:_____

Address:_____

City State Zip

Mother's Name:_____ Mother's Home Phone:_____

Mother's Work Phone:_____

Father's Name:_____ Father's Home Phone:_____

Father's Work Phone:_____

E-mail Address:_____ Emergency Cell Phone:_____

THIS FORM MUST BE COMPLETED AND RETURNED BY REGISTRATION TO ALLOW PARTICIPATION!!!