

2019 Dutch Soccer School Hold Harmless Agreement

By accepting, I, the parent or legal guardian of the player listed below, ask that he/she be admitted to participate in the Maryland Residential Camp at St James School (the "Program") held by Dutch Soccer School. I understand the risks and hazards associated with my child's participation in the Program and certify that my child is in good health and give my permission for his/her participation in the program. I authorize all emergency and medical treatment which may be needed in the event of any injury. I also understand that primary insurance coverage is my own responsibility. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Dutch Soccer School, Sandy Spring School and each of their coaches, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the program or in the course of competition and/or activities held in connection with the Program.

I accept I Decline

Name Parent or Legal Guardian: _____

Signature: _____

Date: _____

Name Camper: _____

Athlete Code of Conduct:

(a) I will follow and respect instructions from all coaches and staff members. (b) I will treat my fellow players and coaches with respect and play in a fair and safe manner. (c) I will use respectful language and refrain from breaking the law and any forms of violence. (d) I will respect others belongings and the facilities which are being used.

I CONFIRM THAT I HAVE READ THE ATHLETE CODE OF CONDUCT AND REALIZE THAT DISREGARDING THE CODE MAY RESULT IN MY REMOVAL FROM THE CAMP.

Athlete's Signature: _____

Parent/Guardian's Signature: _____

MEDICAL RELEASE FOR MINOR CHILD

I, _____, Parent or Legal Guardian of _____,

a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Address: _____

Day time phone: _____ Cell: _____ Home: _____

Family Physician: _____ Phone: _____

Date of last Tetanus Booster: _____ Date of Players Birth: ____/____/____

The above mentioned minor has the following allergies or Medical conditions: _____

Insurance Information:

Name of Company _____

Policy # _____ Group # _____

Signature: _____ **Date:** _____