

BU Soccer Camp

(Please bring to camp the first day)

Medical/Insurance Form and Media Release

Camper's Name: _____

PHOTO/MEDIA RELEASE

I grant to BU Soccer Camp the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of my camper for use in materials they may create for camp promotional use.

MEDICAL/INSURANCE RELEASE

AUTHORIZATION: I consider the above named camper to be in good health, and permission is granted to participate in all camp activities, unless otherwise indicated on this record. In case of illness and or injury, permission is granted for medical treatment to be rendered to my child.

WAIVER AND RELEASE: I do hereby waive, release and discharge BU Soccer Camp and respective staff and employees from any and all rights and claims for damages resulting from injuries to my child's person or property which may be sustained or suffered by in connection with his/her association with or participation in, or arising out of my traveling to or from BU Soccer Camp. We, the parents or guardians, agree to the above waiver and release:

Parent or guardian's Signature

Date

Insurance Company's Names

Policy Holder's Name

Policy Number

List any allergies to medications: _____

List any pertinent medical info (diabetic, surgery, allergy...) _____

Date of last tetanus shot: _____

Family Doctor: _____

Doctor's Phone #: _____

Emergency Contact: _____

Parent's Home #: _____

Phone #: _____

Work #: _____