



RELEASE FROM LIABILITY

To be completed by a participant under 19 years of age and participant's parent or guardian. The participant and parent or guardian must sign in the presence of two (2) witnesses.

TO THE, Mike Varga Soccer Academy hosted at the University of South Alabama:

I understand that my son/daughter, _____, has the opportunity to participate in the Mike Varga Soccer Academy to be held _____ at the University of South Alabama.

I understand that travel to and from the camp is my responsibility over which the Mike Varga Soccer Academy has no responsibility or control. In the event of inclement weather, my child may be transported by camp staff to an enclosed facility either on or off the University of South Alabama campus. Further, participation in the Soccer Academy is voluntary, and the undersigned are aware of, and agree to abide by the rules and regulations of the camp.

In consideration for the Mike Varga Soccer Academy permitting my child the opportunity to participate in this activity, I, in full recognition and appreciation of any risks, hazards or dangers inherent in this activity to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activity, with the full knowledge and understanding that transportation to and from the program is not the responsibility of the University of South Alabama. Further, I do myself agree to hold harmless and indemnify release and further discharge the University of South Alabama, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of the Mike Varga Soccer Academy, the University of South Alabama, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in this activity including risks in physical activities which will include swimming under supervision of a lifeguard. My child is physically able to participate in such activities. I understand that the Mike Varga Soccer Academy, the University of South Alabama and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property. I further understand the soccer academy is not sponsored by the University of South Alabama. Participant further understands that he or she is participating at his/her own expense.

IN WITNESS WHEREOF, I have caused this Release to be executed on _____ of _____, 2011.

Parent/Guardian Signature

Witness

Date

Date

Camper Signature

Witness

Date

Date

THIS FORM MUST BE RETURNED PRIOR TO THE FIRST DAY OF CAMP

Photographic Release

I authorize the University of South Alabama Soccer Camp to photograph, video, and /or audio tape my child for promotional use of the University of South Alabama Soccer Camp Program.

Signature of Parent/Guardian: _____ Date: _____ Relationship: _____

Mail to: Mike Varga Soccer Academy



Hosted by: University of South Alabama
 1209 Mitchell Center
 Mobile, AL 36688
 251 414-8253

EMERGENCY MEDICAL INFORMATION

This form must be completed and returned prior to the first day of camp for your child to participate in the camp. This form should be returned to the Mike Varga Soccer Academy at the above address.

CAMPER NAME: _____

ADDRESS: _____
Street City State/Zip Code

AGE: _____ SEX: _____ BIRTH DATE: _____

GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS

NAME: _____
Relationship

HOME PHONE: () _____ CELL PHONE: () _____

ADDITIONAL PHONE NUMBER: () _____

ADDRESS: _____
Street City State/Zip Code

NAME: _____
Relationship

HOME PHONE: () _____ CELL PHONE: () _____

ADDITIONAL PHONE NUMBER: () _____

ADDRESS: _____
Street City State/Zip Code

HEALTH INFORMATION SHEET

Check below any information you feel the staff may need to maximize the safety and the well being of the camper. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This is confidential.

- () Mental or emotional health issue _____
- () Seizure Disorder _____
- () Lung Disease (asthma, persistent cough, tuberculosis) _____



- () Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure _____
- () Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____
- () Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____
- () Arthritis, Diabetes, Kidney or Bladder Disease _____
- () Hay Fever or Allergies _____
- () Impaired Sight or Hearing, Chronic Ear Infections _____
- () Recent Surgical Operations, Accidents or Injuries _____
- () Any Current Infectious Diseases _____
- () Any Current Skin Diseases _____
- () Allergy to Foods _____
- () Do you wear Glasses? () YES () NO () SOMETIMES
- () Do you wear Contact Lenses? () YES () NO
- () Date of last TETANUS BOOSTER _____
- () Significant Orthopedic and/or Neuromuscular Impairment _____
- () Any other current health related issues? _____

Please note: All medications which accompany the camper to camp will be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medication should be listed on this form.

- () Allergy to Medicines (including penicillin, tetanus) _____
- () Medication that needs refrigeration _____
- () Medicines currently taken by camper, including non-prescription or over-the-counter medications (list names, doses and times) _____
- () Under on-going care of a Physician (NAME AND PHONE #) for chronic or recurring problem

FAMILY DOCTOR'S NAME _____ **CLINIC/HOSPITAL** _____

CITY _____ **PHONE** () _____

HEALTH INSURANCE PROVIDER NAME _____

POLICY NUMBER _____

As parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is primary coverage for those expenses. The University of South Alabama Mike Varga Soccer Academy carries accident insurance which is secondary coverage in the event of an injury.

SIGNED _____ DATE _____
(Parent or Guardian)

Soccer



University of South Alabama

This form must be completed and signed to complete a camper's registration and be allowed to check in and participate in camp activities.