

# Emergency Data and Liability Waiver



## Camp Safety Information

My child is...

- Currently taking medications
- A non-swimmer
- A weak swimmer (shallow end only)
- A good swimmer

NOTE: All swimmers will be evaluated by our certified lifeguards

...and is enrolled in camp during:

- Week 1, 19 July to 23 July
- Week 2, 26 July to 30 July
- Week 3, 2 August to 6 August

### ▶ Child's Information (required)

1<sup>st</sup> Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ▶ Parent / Guardian's Information (required)

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (O): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (O): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (H): \_\_\_\_\_

### ▶ Emergency Contact / Authorized to Pick Up ( 2 required. Must be different from Parent / Guardian listed above.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (O): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (O): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (O): \_\_\_\_\_

### ▶ Child's Medical Information (required)

Primary Care Physician: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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Date of Last Tetanus Shot: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
(medicine, food, bee stings, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Special Conditions: \_\_\_\_\_  
(disabilities, etc.) \_\_\_\_\_  
\_\_\_\_\_

▶ **Please read the following carefully:**

I, \_\_\_\_\_ (parent / guardian), understand that participation in sports activities and sports related camps involves a degree of risk for accidental physical injury and hereby give permission for my minor child or children to participate in all camp activities including FUNdamental training sessions, indoor and outdoor games, recreational soccer activities and swimming except as I have indicated above. I agree to hold harmless and release Chip Rohr Soccer, its employees and subcontractors, Linton Hall School and its agents and sponsors from legal liability resulting from any injuries to my child which may be sustained during participation in these activities. I certify that my child has been examined by a physician in the past year and is in satisfactory health to participate in these activities. This statement is offered in lieu of a doctor's certificate to that effect. I understand that Chip Rohr Soccer cannot be responsible for loss or damage to my child's personal possessions. Chip Rohr Soccer has my permission to use photographs of my child or children for promotional purposes.

I also understand that any child whose body temperature exceeds 100 degrees Fahrenheit, is afflicted with recurrent vomiting or diarrhea, displays any signs or symptoms of communicable disease or any combination thereof, will not be permitted to attend camp so long as the symptoms persist. If the child displays the symptoms prior to the start of the camp's day, I agree not to bring the child to camp that day. I further agree to make immediate arrangements to pick up my child in the event that I am notified by Chip Rohr Soccer staff that any of these symptoms are present. I understand that my child will remain segregated in a quiet area monitored by Chip Rohr Soccer staff until the child is picked up.

I hereby authorize the management of Chip Rohr Soccer to obtain emergency medical care for injury or illness that might occur to my child or children during the specified activity. I further direct all medical and hospital facilities to accept this document as authorization to render essential care deemed medically necessary in the event that I cannot immediately be contacted and informed of an emergency.

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Signature of Parent / Guardian (required)	Signature of Witness (required)
Printed Name (required)	Printed Name (required)
Date (required)	Date (required)

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