

## VERMONT FUTBOL ACADEMY HEALTH & LIABILITY FORM

*Please print in ink or type*

This form must be completed in FULL, including signatures of parent or legal guardian, and sent in by the deadline to: Boys Soccer Camp, Patrick Gymnasium, 97 Spear Street, Burlington, VT 05405

*Campers will NOT BE ALLOWED to participate without the completed health and parental release forms.*

Camp Name: \_\_\_\_\_ Date (s) of camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First)

Medical History (please check for "yes")

German Measles (Rubella)	Scarlet Fever	Diabetes
Measles	Chicken Pox	Epilepsy
Mumps	Pneumonia	Heart condition
Other: _____		Heat Illness

Immunization History

Are the following immunizations up to date?

MMR \_\_\_\_\_

Diphtheria \_\_\_\_\_

Tetanus \_\_\_\_\_

Polio Vaccine \_\_\_\_\_

Pertussis (Whooping Cough) \_\_\_\_\_

Allergies

<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	
Peanut		Sulpha
Asthma		Penicillin
Eczema	Antibiotic	
Insect Stings		other: _____
other: _____		

Is your son/daughter allowed to swim? Yes No      Please list any swimming restrictions for your child:  
 \_\_\_\_\_

Please list any additional, pertinent medical information we should have regarding past injuries, past medical history, or physical limitations relating directly to the participant's ability to participate.

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Student's/Participant's Complete Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_<sup>(Last)</sup> \_\_\_\_\_<sup>(First)</sup> State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Name (1)** \_\_\_\_\_, Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_, Cell Phone ( ) \_\_\_\_\_, Beeper \_\_\_\_\_

**Parent/Guardian Name (2)** \_\_\_\_\_, Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_, Cell Phone ( ) \_\_\_\_\_, Beeper \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_, Policyholder's Name \_\_\_\_\_

**Alternate Emergency Contact:**

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

The following person(s) may NOT pick up my child at the end of the day:

\_\_\_\_\_

If medication will be taken during camp, indicate name of drug, reason for taking, dosage, and frequency:

\_\_\_\_\_

To the best of my knowledge, my child is in good health and can participate in the above listed camp/clinic. I do not anticipate that my child will have any health problems while participating in camp activities, however, Vermont Futbol Academy should be aware of the following medical conditions or medications that my child takes:

Medical Condition: \_\_\_\_\_

Accommodations Needed: \_\_\_\_\_

**NOTE:** If the above-named individual has a history of serious illness or injury (i.e. heart murmur, epilepsy, surgery, etc.), a note signed by a physician clearing the individual for full participation in all camp activities must accompany this form.

I give permission for my child, (name) \_\_\_\_\_ to participate in (name of camp) \_\_\_\_\_.

I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the Vermont Futbol Academy, its trustees, officers, employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities. This release, however, is not intended to release the Vermont Futbol Academy from causes of action arising out of the sole negligence of the Vermont Futbol Academy, its trustees, officers, employees or agents.

In the event my child becomes ill or injured during camp activities, I authorize Vermont Futbol Academy staff to seek emergency care. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number. I understand that Vermont Futbol Academy does not pay for medical treatment of injured campers and any medical bills, whether emergency or not, will be my financial responsibility.

I also agree to permit the Vermont Futbol Academy to release pictures regarding my child's participation in camps sponsored by the Vermont Futbol Academy.

I have read this release of liability and I fully understand its terms.

Parent/Guardian Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_