



RELEASE OF LIABILITY / MEDICAL CONSENT FORM

(This form must be received prior to the camp in order for the camper to participate)

Child's Name ("Camper") _____
First M.I. Last

Camp _____ Date(s): _____

Release of Liability, Medical and Surgical Authorization

In consideration of the Denver Soccer Camps/ Denver Soccer Academy of Colorado Seminary (University of Denver) granting the student permission to participate in Denver Soccer Camp / Denver Soccer Academy, I hereby assume all risks of his or her personal injury (including death) that may result from any Denver Soccer Camp/Denver Soccer Academy activity. As guardian I do hereby release, hold harmless and indemnify Denver Soccer Camp, Denver Soccer Academy, Colorado Seminary (University of Denver), Division of Athletics and Recreation, and camp employees, staff, coaches, instructors, and trainers, from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Denver Soccer Camp / Denver Soccer Academy activities.

In addition, I hereby authorize and give my consent to the health authorities of Denver Soccer Camp, University of Denver or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures.

This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to University of Denver Health Service or other hospitals and clinics.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

PRIVATE MEDICAL INSURANCE

Please supply the following information, if applicable:

Camper's SS# (if applicable) _____ Birth date _____

Insurer _____ Policy # _____

Group # _____ Plan # _____

Policyholder Name _____ Relationship _____

Preferred Hospital and/or Physician: _____

Does your insurance carrier require prior approval? Yes No



FOR YOUTH DAY CAMP ONLY
CAMP/CLINIC DEPARTURE RELEASE FORM

Camper Name _____ Date _____
First M.I. Last

Parent(s)/Legal Guardian(s) Names: _____

The camper named above may be released to the following people. Please note:

- Camper will ONLY be released to individuals listed below

- 1. _____ Telephone Number(s)
Name
2. _____ Telephone Number(s)
Name
3. _____ Telephone Number(s)
Name
4. _____ Telephone Number(s)
Name
5. _____ Telephone Number(s)
Name

When picking up the CAMPER please sign and date next to the weekday listed

- Monday Signature of person CAMPER is being released to Date
Tuesday Signature of person CAMPER is being released to Date
Wednesday Signature of person CAMPER is being released to Date
Thursday Signature of person CAMPER is being released to Date
Friday Signature of person CAMPER is being released to Date
Saturday Signature of person CAMPER is being released to Date
Sunday Signature of person CAMPER is being released to Date