

# SCORE AND SAVE SOCCER ACADEMY

## DISCLAIMER OF LIABILITY

The Score and Save Soccer Academy, B and R Corporation, and Denison University do not assume liability for any injuries incurred while at camp or on the way to or from camp. Parents should contact their insurance carrier to get additional insurance for the camper, if necessary. If traveling with our overseas tours it is recommended that participants purchase trip cancellation/interruption insurance. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the participant's parent or legal guardian.

In consideration of Score and Save Soccer Academy and B and R, Inc. acceptance of the participant, by and through his/her parent or legal guardian, hereby acknowledges and understands that the participant will be involved in some intense training and competition and that injuries can and do sometimes occur during said activities. The undersigned, on behalf of themselves and their child or ward, agree to hold harmless Score and Save Soccer Academy and B and R, Inc., its owners, staff coaches and Denison University from and against injuries incurred by the participant. The participant and his/her parents or legal guardian assume full responsibility for any damages or injuries which may occur to the participant during camp sessions, training activities or competitions and fully releases, waives, and discharges Score and Save Soccer Academy and B and R, Inc. its owners, staff, coaches and Denison University from and against all claims, injuries, demands, actions, or causes of action arising out of the participants participation in camp sessions or while involved with the soccer tours.

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

Date: \_\_\_/\_\_\_/\_\_\_

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## Athletic Code of Conduct

I agree to abide by the rules of conduct as set forth by the Score and save Soccer Academy and its staff during the camp or tour. I agree to abstain from the use of alcoholic beverages, use of drugs, and smoking of any kind. I further agree to abide by curfew regulations as established by the staff and not to absent myself from the group at any time. I also agree to show respect for other camp or tour participants, the staff and Denison University. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for that day following my expulsion.

Player Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**SCORE AND SAVE SOCCER ACADEMY  
PARENTAL CONSENT FORM  
AUTHORIZATION FOR PROVIDING MEDICAL TREATMENT**

Name of Camp Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_ \_\_\_\_\_  
Emergency Contacts (name) \_\_\_\_\_  
Emergency Contacts (phone #) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

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**MEDICAL INFORMATION**

Allergic Reactions: \_\_\_\_\_  
Medication Presently Taking: \_\_\_\_\_  
Date of Last Tetanus Toxoid: \_\_\_\_\_  
Past Illness or Recent Injuries: \_\_\_\_\_  
Activity Restrictions: \_\_\_\_\_

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I acknowledge that our child is in good health and can participate in all activities without restriction (unless indicated above). I grant permission to the director, assistants and staff trainers to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone and/or those listed above as emergency contacts. In the event that I cannot be reached, I give my consent to such treatment as deemed necessary (including surgery, X-ray examinations and anesthesia) to be rendered to said minor by a licensed physician, nurse.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
I \_\_\_\_\_ (full name), declare that I am the **Father**  
(signature)

**Mother Guardian** of the above named minor (circle correct title). Date: \_\_\_/\_\_\_/\_\_\_