Parent/Guardian Consent & Release Form

Cleat Soccer Camp July 22nd- July 26th, 2024

I, on behalf of my child, do hereby release, discharge, and agree to hold harmless, the church directors, leaders, employees, and agents thereof, from any and all liability. Further, I authorize and permission is hereby given to CLEAT Soccer Camp (Living Hope Church) leaders to furnish transportation for my youth. I give my permission to the church or leaders to take my youth to a doctor or hospital to obtain medical treatment including any emergencies, and I assume the responsibility of all medical costs, if any. I, also, give my permission for any church leader to administer Tylenol, Benadryl, or Ibuprofen to my youth if needed, and no allergy is noted. I understand that the church leaders will make every attempt to reach me as soon as possible, if an incident occurs. **HB 1824 Compliance Statement:** I have been provided with information on **concussions in youth sports.** I understand that if the player is suspected of a Head injury or Concussion, the player will be removed from play. The player will be kept from play until given permission to return to play by a health care provider. (For more information: www.cdc.gov/headsup/youthsports/parents.html)

I also give permission for Living Hope Church to use my child's picture image in the following purposes: on Living Hope Church's website to accompany Cleat Soccer Camp promotion and in other web based or printed material to help publicize Living Hope Church's Cleat Soccer Camp.

Name of Child: _____
Address: _____
City: _____ State: _____ Zip code: _____
Date of Birth: _____

Name of Parent/Guardian: _____
Phone #: Home: _____
Work: _____
Cell: _____

Alternate person to Contact: _____
Phone #: Home: _____
Cell: _____
Relationship to youth: _____

Emergency Information:
Allergies or conditions: _____
_____
_____
Date of Last Tetanus: _____
Other concern: _____
_____
_____
Contact lenses: _____

Current Medications:
Prescription Drugs: _____
Over-the-counter Drugs: _____
Family Physician: _____
Phone #: _____
Family Dentist: _____
Phone #: _____
Health Insurance Carrier: _____
Policy #: _____

_____ Date: _____
Parent/Guardian Signature