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P.O Box 6393
Bridgeport, CT - 06606
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PARENTAL CONSENT FORM: (Please print and mail this form with application)

Camper's Name: _____ Birth date: ___/___/___

Parent/Guardian Name:

Relationship: _____

Allergic Reactions (Drugs, food, asthma etc...) NO ___ YES ___

If yes, list:

Taking any medication at this time? NO ___ YES ___

If yes, list:

IN CASE OF EMERGENCY

Father's Name: _____

Father's Home Phone: _____ Father's Work Phone: _____

Mother's: _____

Mother's Home Phone: _____ Mother's Work Phone: _____

Emergency Contact name: _____

Phone Number: _____

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted the form is signed by the parent or guardian of the camper.

CAMPER'S INSURANCE CO: _____

POLICY HOLDER: _____

POLICY #: _____

WE HAVE THE TOOLS, COME AND GET THEM!



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RNUNES SOCCER ACADEMY RELEASE STATEMENT

I / We the undersigned hereby certify that I (we) am (are) the parent (s) or legal guardian (s) of the camper. I (We) hereby give permission for the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I (We) will be responsible for any and all costs of medical attention and treatment, except for that covered by the camper's excess medical coverage policy. I / We, undersigned for ourselves our heirs, executors and administrators waive, release and forever discharge Rnunes Soccer Academy and its staff, officers, agents, employees, representatives and successors and assign of and from rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence. I / We hereby acknowledge that our child is physically fit mentally capable of participating in soccer camp activities.

Parent/Guardian Signature: _____

DATE: ____/____/____

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