

Parental Consent Form

Camper Name: _____

Age: _____

Date of Birth: _____

Does the camper have any:

Allergic Reactions: _____

Present Medications: _____

Other conditions that the Camp Administration should know about:

Emergency Contacts

Primary Contact:

Name and Phone Number: _____

Alternate Phone: _____

Secondary Contact:

Name and Phone Number: _____

Alternate Phone: _____

Insurance company: _____

Policy holder: _____

Policy number: _____

Cancellation Policy: A \$100 non-refundable deposit is due at the time of registration with the remaining balance due no later than June 1. After June 1, no refunds will be issued unless the camp is canceled due to unforeseen circumstances. If camp is canceled due to unforeseen

circumstances, all funds, including the deposit will be refunded minus a 5.75% credit card transaction fee. No refunds will be issued once camp begins for any reason. No refunds will be issued for any time that may be lost due to inclement weather.

PARENTAL STATEMENT:

I hereby verify that my child is physically fit to play the contact sport of Soccer. In addition, I authorize any emergency treatment deemed necessary for my child to be administered by the provided Camp Staff and agree not to hold the Camp Staff, Randolph-Macon College, the coaches, or the Soccer camp staff liable for any injuries.

Parental permission must be obtained before medical treatment can be rendered to a person under 18 years of age. This consent form should be read and signed by a parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. If the form is not signed, it will be interpreted as a refusal of permission. Please note that your child may not participate in the Soccer camp until we receive the signed Parent Consent form.

I GIVE PERMISSION TO THE COLLEGE HEALTH CENTER & CAMP STAFF TO CARRY OUT SUCH EMERGENCY DIAGNOSTIC AND THERAPEUTIC PROCEDURES AS MAY BE NECESSARY FOR MY CHILD AND IN THE PHYSICIANS' ABSENCE FOR THE CAMP STAFF ON DUTY TO RENDER EMERGENCY CARE IN LINE WITH STANDING ORDERS, AND ALSO PERMIT SUCH PROCEDURES TO BE CARRIED OUT AT AND BY ONE OF THE LOCAL HOSPITALS IN THE EVENT THAT MY CHILD HAS BEEN SENT OR TAKEN THERE FOR EMERGENCY CARE. I ALSO ACKNOWLEDGE THAT, IN THE EVENT OF AN INJURY, I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF TREATMENT. I AM AWARE THAT ELITE SOCCER CAMPS, LLC DOES NOT PROVIDE HEALTH INSURANCE FOR IT'S PARTICIPANTS.

I declare that I am the father / mother / guardian of the above-named minor/camper.

COVID-19 Risk:

The novel coronavirus, COVID-19, is extremely contagious and is believed to spread mainly from person to person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected

by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, program staff, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation (“Claims”). I hereby release, covenant not to sue, discharge, and hold harmless Elite Soccer Camps LLC., Randolph-Macon College, any coach, instructor, trainer or any other agents or representative, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Mask Policy

Currently, masks are not required. The mask policy is subject to change in accordance with VDH and

Randolph-Macon Health Squad requirements. It is our hope that the current policy will remain in place and that no masks will be required. At this stage, spectators are allowed outdoors but not indoors for futsal. We are confident this policy will not change for futsal activities

Elite Soccer Camps LLC

PHOTO RELEASE

Adult Release:

I, the undersigned, hereby give permission for images of myself, captured during regular and special activities held by Elite Soccer Camps LLC through video, still photo, digital imaging or any other such means, to be used by Elite Soccer Camps LLC for promotion of Elite Soccer Camps LLC and its programs, camps, and/or clinics. I consent to such uses and hereby waive all rights to compensation.

Minor Child Release:

I, the undersigned, am the parent/guardian of the minor child named below and hereby give permission for images of my minor child, captured during regular and special activities held by Elite Soccer Camps LLC through video, still photo, digital imaging or any other such means, to be used by Elite Soccer Camps LLC for promotion of Elite Soccer Camps LLC and its programs, camps, and/or clinics. I consent to such uses and hereby waive all rights to compensation.

Parent/Guardians Name: {cust_parent:parentsname}

Date: {cust_date:datesigned}

