

Camper _____ Birth Date _____
(Please print full legal name)

Sport Men's Soccer Session Dates (*Please check box*) "Lil' Hawks" Half-day Camp (June 11-15) Day Camp (June 11-15)
 "Lil' Hawks" Half-day Camp (July 9-13) Day Camp (July 9-13) Residential ID Camp (July 19-22)

Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in camp activities we must have this form. Otherwise parent or guardian must be contacted prior to participation.

Parent's/Guardian's Authorization

This is to certify that _____ has been examined by a physician within the past year, and that she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus immunization _____ Allergies _____

Drug Sensitivities _____

Other Medical Problems/Current Medications _____

What accommodations should be made to insure proper administration and storing of the medication?

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Y _____ N _____

Signed _____
Parent/Guardian

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in the Seahawk Soccer Camps at UNCW, I/We, understand, for ourselves, our heirs, executors and administrators, hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release Seahawk Soccer Camps, the North Carolina State Board of Regents, The University of North Carolina at Wilmington, the Sports Camps and their officers, employees and agents, from all liability for personal injury or property damage which may be sustained or occur during participation in camp activities, or while at camps.

I hereby authorize and give my consent to the health care providers to perform upon or administer to _____
(Campers/students name)

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 emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

I understand that the Seahawk Soccer Camp offers an excess insurance for injuries sustained as a result of camp participation. I understand that this coverage is limited to the benefits and exclusions of the insurance plan and that all claims must first be filled with my primary insurance plan in order to be eligible for this excess coverage. I authorize my insurance company to pay benefits to the health care providers that Seahawk Soccer Camp employees send my son or daughter to for evaluation and treatment. I authorize the disclosure of medical information to my insurance company and to Seahawk Soccer Camp excess carrier for the purpose of a claim.

This permission is good only while the student is attending the Seahawk Soccer Camp at the University of North Carolina at Wilmington and only until the student has attained his/her eighteenth birthday.

Parent's/Guardian's Signature Date

Student's Signature Date

Name _____
Parent/Guardian Print or Type

Address _____

City _____ Insurance Company _____

State _____ Zip _____ Insurance Co. Address _____

Home Phone _____

Work Phone _____ Policy No. _____

Date _____ Policy Holder _____