

**MEDICAL CONSENT TO TREAT A MINOR – MUST BE COMPLETED!**

Child's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Email: \_\_\_\_\_

We understand that our child may become injured or ill during a Soccer Camp or Kids' Adventure Camp activity, even though he/she is physically fit. We give permission for North Seattle Soccer Camp or Kids' Adventure Camp representatives and coaches to take emergency action on behalf of our child and to obtain transportation to emergency facilities when we are not present or available. We also give our permission to have a Medical Doctor, Dentist, Nurse, Hospital, or Clinic provide medical assistance and/or treatment. All expenses associated with this treatment will be paid by our medical insurance or by us.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Player's allergies and/or medical conditions: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Second person to notify in case of emergency: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

It is also understood that photographs and/or video footage may be taken of my child for the purposes of training, promotion (paper or web-based), or reporting of camp activities. We give permission for North Seattle Soccer Camp or Kids' Adventure Camp representatives and coaches to use the images for these stated purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent (if different from registration form): \_\_\_\_\_

**THIS FORM MUST BE MAILED WITH THE REGISTRATION OR BROUGHT TO THE FIRST DAY OF CAMP IN ORDER FOR YOUR CHILD TO PARTICIPATE!!**