

# MSI 2021 Summer Camp Medical Release & Pickup Instructions

**Child Name (Participant):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for my child to participate in MSI's Summer Camp and acknowledge the risks of physical harm as a result of his/her participation. I understand that, among other risks inherent in participation by the player in a strenuous physical activity, there particularly exists the risks of collisions and confrontations between players, between players and officials, and between players and field equipment; the risk of being struck by a kicked or thrown soccer ball; and the risk of injury due to an uneven playing surface, and any potential Covid-related issues. I agree to assume these risks and agree that MSI, its volunteers, and its employees assume no liability for injuries arising from the player's participation.

I hereby represent that, to the best of my knowledge and belief, the player is physically and mentally able to participate in the Summer Camp and has had, or will have, any necessary physical examinations before participating. I further acknowledge that MSI is relying on these assurances in determining whether the player may participate in the Summer Camp. If a medical emergency should arise in my absence during the player's participation, I authorize a representative of MSI to consent to emergency medical treatment of the player on my behalf.

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

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact (other than listed above):** \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (including food): \_\_\_\_\_

**Medical Concerns (use reverse side if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list anyone eligible to pick up child listed from camp (other than parents/guardians listed):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_