

# BUCKNELL SOCCER CAMP SESSION II

## CAMPER HEALTH, REQUIRED INSURANCE AND WAIVER FORM

Name of Camper \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

### **Emergency Telephone Numbers**

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

Restrictions, Medicine, or any Special attention while at camp:

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

In case of illness or injury, the above camper may need medical attention. Every effort will be made for you to be contacted, if this is necessary. Please sign below to give your consent for treatment and supply insurance information for billing purposes since you will be using your own insurance.

I/We, the undersigned, hereby authorize any first-aid, medication, medical treatment or surgery deemed necessary in case of an emergency for participant, \_\_\_\_\_, while attending the Bison Soccer Camp.

Parent/Guardian Signature \_\_\_\_\_

### **Insurance Coverage Information**

Company \_\_\_\_\_  
Company Address \_\_\_\_\_  
Policy or Identification Number \_\_\_\_\_  
Group or Code \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_

### **Agreement and Medical Consent**

In consideration of your acceptance of my entry for the Bison Soccer Camp, I, \_\_\_\_\_ will follow the rules of Bucknell University; obey the instructors, counselors and camp officials. I am in good physical condition and understand if I am UNDER eighteen (18) years of age I am required confirmation of this agreement by my parents or guardian.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

### **Waiver**

In consideration of my entry into the BISON SOCCER CAMP I, intending to be legally bound, do hereby for myself, executors and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of my performance or failure of performance from the Bison Soccer Camp, and all those involved, and Bucknell University, and the director of the camp, competition that I may be participating in, their agents, representatives, successors and assigns.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

**ALL CAMPERS MUST HAVE INSURANCE COVERAGE UNDER THEIR PARENTS OR GUARDIAN IN ORDER TO PARTICIPATE IN THE BISON SOCCER CAMP.**

THIS FORM SHOULD BE RETURNED WITH BALANCE DUE CHECK AT LEAST ONE (1) WEEK PRIOR TO THE FIRST DAY OF CAMP.