# SUNY Broome Community College
# Hornet Soccer Camp
## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

*EMERGENCY INFORMATION*

Father's Name: _____ Home/Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home/Cell Phone: _____ Work Phone: _____

*In an emergency, when parents cannot be reached, please contact:*

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Allergies:_____

Other Medical Conditions: _____

Player's Physician: _____ Home/Cell Phone: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

## *PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM*
## *PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE*

Recognizing the possibility of injury or illness, and in consideration for SUNY Broome Community College and members of SUNY Broome Community College accepting my son/daughter as a player in the soccer programs and activities of SUNY Broome Community College and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify SUNY Broome Community College, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

_____          _____

Signature of Parent/Guardian                                Date