

2016 John Walker's Big Red Soccer Camp

In order for your child to participate in John Walker's Big Red Soccer Camp, the following form needs to be completed and returned to Big Red Soccer Camp PRIOR to camp. Upon completion, the form can be mailed or faxed. Your child cannot participate in camp until we have this completed form and the Youth Safety form in our files.

Return forms by:

- Scan/E-mail to bigredsoccercamp@gmail.com
- Upload directly to registration site (link to login at <https://campself.active.com/BigRedSoccerCamp>)
- Mail to: Big Red Soccer Camp, One Memorial Stadium, Lincoln NE 68588-0168

Name of Camper _____

Liability Release and Indemnity Agreement

We (or I), hereby request you to accept the application for enrollment in the John Walker's Big Red Soccer Camp during the dates set forth in this application, and in consideration of your acceptance of the application, we (or I) will (whether one or more) hereby release the Board of Regents of the University of Nebraska, and all its employees from all claims on account of any injuries which may be sustained by our child while attending John Walker's Big Red Soccer Camp, and we (or I) agree to indemnify the Board of Regents of the University of Nebraska and its employees for any claim which may hereafter be presented to our (or my) minor child as a result of any injuries. If medical attention is required for injury or illness while in camp, we (or I) give our (or my) permission for such medical care. We also grant permission for John Walker's Big Red Soccer Camp to use photographs of our child for publicity, advertising, or other commercial purposes. This school admits all qualified applicants without regard to disability, race, color, religion, national origin, ethnic origin, or sexual orientation.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION.

Parent/Guardian Signature _____ Date _____

Insurance

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the company name, address, policy #, and policy owner. Accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Address _____

Owner _____ Policy # _____

Medical Information

Known Allergies _____ Asthma (Y/N) _____ Contacts (Y/N) _____

Last Tetanus Shot/Booster _____ List of Current Medications _____

Medical Certification

This medical certification requires a doctor's signature **OR** the camper may use his/her 2015-16 form required by his/her school (The signature or physical date MUST be dated within one year of the first day of camp).

I hereby certify that _____ is physically fit to participate in an active soccer during the days of the camp he/she has registered for and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

Doctor's Name _____ Doctor's Signature _____ Date _____