

# **2018 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](mailto:bigredsoccercamp@gmail.com)
- Upload directly to registration site (link to login at <https://campsself.active.com/BigRedSoccerCamp>)
- Mail to: Big Red Soccer Camp, One Memorial Stadium, Lincoln NE 68588-0168

**Name of Camper** \_\_\_\_\_

## **Camp Waiver**

We (or I) hereby request that you accept the application for enrollment of \_\_\_\_\_ (name of camper) ("Camper") in the John Walker's Big Red Soccer Camps during the dates set forth in this application, and in consideration of your acceptance of the application, we (or I) will hereby release the John Walker's Big Red Soccer Camps and the Board of Regents of the University of Nebraska, and their employees, representatives, and/or assignees from all claims on account of any injuries which may be sustained by me or my child while traveling to, participating in, or returning from John Walker's Big Red Soccer Camps; and we (or I) agree to indemnify the employees, representatives, and/or assignees for any claim which may hereafter be presented to me or my child as a result of any such injuries. If medical attention is required for injury or illness sustained by my child while in camp, we (or I) give our (or my) permission for such medical care. We (or I) further give permission to the camp to photograph or otherwise record the image of the Camper and for the University of Nebraska and the camp to use such photos and recordings for whatever purposes, including promotion, as are legally permitted.

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

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Camper is under the age of 19, parent signature is required)

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Camper is age 18 or older, camper and parent signature is required)

## **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 2017-18 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 \_\_\_\_\_