

LAST NAME: _____

FIRST NAME: _____

**DEL MAR HIGH SCHOOL-BOYS SOCCER CAMP
AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

I/We the undersigned parent(s) of _____, a minor, do hereby give permission for the Camp to seek emergency medical treatment for my/our child at local medical facilities if I/we cannot be reached in the event of illness or injury. It is understood that authorization is given in advance of any specific diagnosis or treatment that I/we required, and, I/we will pay for such emergency medical treatment. It is our understanding that I/we will be contacted in the event of illness or injury as soon as possible. This authorization shall remain effective until **July 14, 2008** unless sooner revoked.

Parent/Guardian signature Date
PERSON TO NOTIFY IF PARENT/GUARDIAN NOT AVAILABLE

Person to notify Relation to camper

Day phone Evening Phone
**PERTINENT MEDICAL HISTORY
(allergies, previous injuries, activity limitations)**

MEDICAL INSURANCE CARRIER

Insurance company Telephone number

ID number Group/account number

Carrier address, city, state, zip code

RELEASE OF LIABILITY

I/We, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the Del Mar High School Boys soccer Camp during the dates listed. I/We understand the obvious known dangers/risks inherent in participation in this program, including, but not limited to, injuries sustained through a fall or loss of personal property, and I/we voluntarily agree to assume such risks.

In consideration of Del Mar High School permitting my child's participation in the Del Mar Boys Soccer Camp, based on my reputation that my/our child is in proper physical health and condition to participate, I/we agree:

1. To assume all risk of injury to my child and risk of damage or loss to my child's property arising from my child's participation in the Del Mar Boys Soccer Camp,
2. To release and forever discharge the District and High School, its officers, agents, employees and students, from any and all claims or liability for any injury, including death, and for property damage or loss which may be suffered by me or my child arising out of or in any connection with my child's participation in the Del Mar Boys Soccer Camp and,
3. For my/our child, myself, our heirs, executors, administrators, and assigns to indemnify and hold harmless the District and High School, its officers, agents, employees and students from any and all liability, claims, demands, actions, loss and damage arising out of my child's participation in the Del Mar Boys Soccer Camp.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE DEL MAR BOYS SOCCER CAMP AND MYSELF, ON BEHALF OF MY/OUR CHILD, AND I SIGN OF MY OWN FREE WILL.

Parent/guardian signature Date

Full name of parent/guardian

Full address of parent/guardian

The State of California Information Practices Act of 1977 requires that the following information be provided to individuals who are asked to supply information about themselves. The principle purpose for requesting the information on this form is to facilitate appropriate action by various departments at the District/High School, and in the event of an emergency circumstance involving your child/ward. State statutes authorize maintenance of this information. Furnishing any or all information on this form is voluntary. Information on this form may only be used by individuals who have the right to access this record as it pertains to themselves. The officials responsible for maintaining the information on this form are the employees of Del Mar Boys Soccer Camp and/or Del Mar High School and the Campbell Union High School District.

