

## Medical History and Release

This information will be kept by Head Athletic Trainer or Dorm Counselor, and consulted anytime a medical problem arises during the Red Raider Soccer Camp. Note: Medications brought from home that are not listed on this form will not be permitted.

Name: \_\_\_\_\_ Date of Birth: / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Date of Last Immunizations: \_\_\_\_\_

Allergies Identify: \_\_\_\_\_

Food Allergies, Identify: \_\_\_\_\_

Are there any condition(s) that will restrict activity?  If yes, explain and give instructions: \_\_\_\_\_

If taking regular medication, give name(s) of medication and directions for dosage: \_\_\_\_\_

Please check if subject to: Fainting \_\_\_\_\_ Nosebleeds \_\_\_\_\_ Headaches \_\_\_\_\_

Other \_\_\_\_\_

If necessary, administer: Aspirin \_\_\_\_\_ and/or Tylenol \_\_\_\_\_ How much and how often: \_\_\_\_\_

Vision corrected by: Glasses \_\_\_\_\_ Contact lenses \_\_\_\_\_

Teeth corrected by: Braces  Headgear \_\_\_\_\_ Retainers \_\_\_\_\_ Other \_\_\_\_\_

### General Information

We will utilize the Texas Tech Infirmary or the emergency room of University Medical Center, unless you specify otherwise. If hospital treatment is necessary, we will immediately contact the individuals listed on the Emergency Information form. No Medical/Hospitalization Insurance is carried through this program. Parents/Guardians will be billed for any and all medical expenses incurred by their children during the Red Raider Soccer Camp including but not limited to emergency room costs, Physician fees, X-rays, medication, pharmaceuticals and related expenses.

### Consent to Treat

I authorize program administrators of the Red Raider Soccer Camp to sanction medical treatment for (participant's name) \_\_\_\_\_. I understand the NO medical/hospitalization insurance is carried through Red Raider Soccer Camp and agree to be responsible for all medical expenses incurred by my child while attending the Red Raider Soccer Camp.

Parent/Guardian

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# Insurance and Emergency Information

Please fill in every line. If necessary, write N/A for No Applicable

## Parents' Medical/Hospitalization Carrier (give name of insurance company, not agent):

Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Preferred Lubbock Physician, (optional) \_\_\_\_\_ Phone: \_\_\_\_\_

## In Case of Emergency Contact:

Parent/Guardian: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## If the above cannot be contacted, call (please list at least two):

Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

# Red Raider Soccer Camp Release / Agreement Form Parent Approval for Media Coverage Participation

(Please Print Clearly)

## Media Coverage

Name of Athlete \_\_\_\_\_

I hereby give permission for the athlete listed above to be released to the media and for his/ her participation in any media coverage which might transpire during the course of this program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Program Rules and Disciplinary Procedures

We, the parent(s)/guardian(s) and participant, agree to abide by the rules and regulations and sanctions of this program as detailed in the Camp Orientation. We understand that there will be no refund of fees in the event of disciplinary expulsion.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Agreement to Hold Harmless

I, \_\_\_\_\_, understand that my child, \_\_\_\_\_ has the opportunity to participate in the Red Raider Soccer Camp program for students wishing to improve skills and interest in soccer sponsored by Texas Tech University. I hereby affirm that I desire to have my child participate in said program. I agree to and I do hereby release, hold harmless, and indemnify Texas Tech University, Board of Regents, the Department of Athletics and employees for any injury that may occur during his/her participation in said program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please email or call the information below as soon as possible if applicable!**

**Flight Information:**

**Arrival**

Date of Arrival: \_\_\_\_\_

Name of Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

**Departure**

Date of Departure: \_\_\_\_\_

Name of Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

**Roommate Preference**

Campers Name: \_\_\_\_\_

Preferred Roommates Name: \_\_\_\_\_

**Please email or Call!**

Gibbs Keeton  
(806) 470-5513  
redraidersoccercamp@gmail.com