



CYCLONE SOCCER CAMP



Release and Medical Authorization

This *Release and Medical Authorization* must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, this form must be completed and returned prior to the camp's start date to the address below.

Physician's Authorization

This is to certify that this individual was examined by me and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports (previous physicals are acceptable if within one year of the starting date of camp).

Physician's Name: _____ Date of Exam: _____

Address: _____ Phone: _____

Other medical problems/current medications: _____

Allergies/Drug Sensitivities: _____

Is an ID band or card carried to alert others to the allergy(ies), medical conditions or medication use? Yes No

Physician's Signature: _____ Date: _____

Insurance Information (please print)

Camper's Name: _____

Insurance Company: _____

Insurance Co. Address: _____

Policy Number: _____

Policy Holder's Name: _____

Does your insurance carrier require prior approval? Yes No (circle one)

Camper's Last Name, First Name (print clearly)

Release of Liability, Medical and Surgical Authorization

In consideration of the Cyclone Soccer Camps granting the student permission to participate in Cyclone Soccer Camps, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Soccer Camps activity. As guardian I do hereby release the State of Iowa, Iowa State Board of Regents, Iowa State University, Cyclone Soccer Camps and their officers, employees, agents, all instructors, and all participants in said Cyclone Soccer Camps from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Cyclone Soccer Camps activities.

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Health Service or other hospitals and clinics.

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Parent's/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

This form must be mailed to:

Cyclone Soccer Camp • Iowa State University • Jacobson Athletic Building • Ames, IA 50011-1140