



Rick Benben's UMKC Soccer Camps 2010

# AUTHORIZATION TO TREAT

Please note: In order to participate in camp, each camper **MUST** have a notarized Medical Release Form on file.

Please return **BEFORE** the start of camp!

Mail to: Rick Benben Soccer Camps, PO Box 15774, Lenexa, KS 66215

2010 CAMP SESSION:  June 27-July 1, 2010  July 11-15, 2010

Camper's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

The player has received a recent physical examination by a physician and is physically fit to participate in soccer camp. He is also up-to-date on all immunizations. Please list recent serious injuries, etc. in Medical Conditions.

List any Medical conditions: \_\_\_\_\_

List any Allergies: \_\_\_\_\_

Medications to be taken at camp: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Any special instructions regarding insurance: \_\_\_\_\_

I hereby give my consent, in the case of injury, to have an athletic trainer, medical doctor, nurse, hospital, or clinic provide the player with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance or treatment. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the player.

## Signature of the Parent or Guardian

Name of Policyholder: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zipcode \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER OTHER THAN PARENT OR GUARDIAN:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Notary Public

My Commission or appointment expires \_\_\_\_\_