



PARENT/GUARDIAN PERMISSION AND RELEASE INFORMATION

MCLA HIGH SCHOOL GIRLS' SOCCER CLINIC
SATURDAY, MARCH 30, 2019
11:00a-12:00 – Goalkeeper session
12:15p-3:00p – Goalkeepers and field players



PARTICIPANT'S NAME: _____

In signing this application, I hereby give permission for my child to engage in all clinic activities.

I understand and agree that the clinic staff has the right to dismiss my child for due cause. In case of medical emergencies, I understand every effort will be made to contact the parent or guardian of the participant as named in the Medical Release Form. If the named person(s) cannot be reached, consent is hereby given that my child may receive medical and/or surgical care as recommended by the attending physician or hospital.

In the event that I/we are not available at the appointed pick-up time, the following named person(s) are hereby authorized to pick up my child. I understand that my child will not be released to the person(s) named below unless they are able to present identification (eg. driver's license):

PERSONS AUTHORIZED TO PICK UP PARTICIPANT

(Please include name & relationship to participant.)

NAME: _____	RELATIONSHIP: _____	CELL: _____
NAME: _____	RELATIONSHIP: _____	CELL: _____
NAME: _____	RELATIONSHIP: _____	CELL: _____
NAME: _____	RELATIONSHIP: _____	CELL: _____

PARENT/GUARDIAN SIGNATURE: _____ CELL: _____

PARENT/GUARDIAN (PRINT NAME): _____ DATE: _____

The following forms are required prior to participation:

- Parent/Guardian Permission & Release Information
- Medical Release
- \$30 check made out to MCLA Women's Soccer

Direct any questions to:
Deb Raber, 413-250-0147; Deborah.raber@mcla.edu

Please return Parent/Guardian Permission & Release Form and Medical Release Form and payment to:
Deb Raber; Head Women's Soccer Coach
MCLA Athletics
375 Church Street
North Adams, MA 01247



MEDICAL RELEASE

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I/We, have legal custody of _____(PARTICIPANT).
I/We hereby authorize a representative of the MCLA Camp staff, including the participant’s director and assistant, to consent to any x-ray examination, anesthetic, medical, surgical or dental treatment and/or hospital care to be rendered to the participant under the general or special supervision and on the advice of any licensed physician, surgeon or dentist. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the participant.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PARENT/GUARDIAN (PRINT NAME): _____

Emergency Contact 1: _____ Telephone: _____

Emergency Contact 2: _____ Telephone: _____

Insurance Carrier: _____ Policy #: _____

Physician’s Name: _____ Telephone: _____

Known Allergies or Medical Concerns:

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION

In consideration of the MCLA Men’s Soccer Prospect Clinic providing my camper with this camp program, I, nor my child will not, nor will our administrators, executors, heirs or assigns hold the Commonwealth of Massachusetts and MCLA, its trustees, officers, agents, employees, representatives and/or students liable for damages or injuries, including death, that my child may sustain, and I and my child, our administrators, executors, heirs or assigns, forever release, discharge and hold harmless the aforementioned parties from any and all claims, demands, liabilities, injuries, damages, attorney’s fees, actions or causes of action whatsoever stemming from injury or damage to any person that arises from, or is connected to, MCLA Men’s Soccer Prospect Clinic participation and/or the operation of any equipment loaned to me by the MCLA Men’s Soccer Prospect Clinic (such as, but not limited goals, soccer balls, etc...). I understand that participation in the Prospect Clinic can include foreseeable and unforeseeable risks and other hazardous activities inherent in the camp program. I freely choose for my child to participate in Prospect Clinic with the knowledge of the potential risk involved and agree to assume all associated risk.

I have read this Agreement. By signing below, I acknowledge and agree to abide by the Agreement’s terms, and I agree that my failure to abide by the terms of this Agreement will impact my child’s ability to participate in the MCLA Prospect Clinic.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PARENT/GUARDIAN (PRINT NAME): _____