

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 one):

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 _____

Communicable Disease Related Hold Harmless, Release, Waiver of Liability and Indemnity Agreement

DESCRIPTION AND LOCATION OF SCHEDULED EVENT(S)

DATE RELEASE SIGNED

In consideration of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S), I for myself, my personal representatives, heirs, and next of kin:

1. Affirm that I have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the past thirty days;
2. Acknowledge that I am aware that by entering the premises and participating in the EVENT(S) that there are risks to me and to those with whom I interact of exposure, directly or indirectly, to communicable disease(s) including but not limited to the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", "COVID-19" and/or any mutation or variation thereof;
3. Hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE on behalf of myself or on behalf of others with whom I interact, the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, competition vehicle owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and leasees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor, whether caused by the negligence of the Releasees or otherwise;
4. Hereby agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to my illness or death, whether caused by the negligence of the Releasees or otherwise.

Printed Name: _____

Signature: _____

Duties: _____