

# MOUNTAINEERS

## West Virginia University

Intercollegiate Athletics  
PO Box 0877  
Morgantown WV 26507-0877

### West Virginia University Soccer Academy Medical Release Form

It is the responsibility of the camper's parent or guardian to ensure that the camper is healthy and fully able to participate in all camp activities. Responsibility for medical insurance coverage rests with the camper. I hereby give permission for the person herein described to engage in all prescribed camp activities. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected at the camp director's discretion to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child.

Camper Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last Name First Name (Mo/Day/Yr)

List any allergies to medicines: \_\_\_\_\_

List any medications the camper is presently taking:

\_\_\_\_\_

List any conditions or past illnesses that a physician should know:

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_  
Last Name First Name

Parent/Guardian Contact Phone #: \_\_\_\_\_ or \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Liability Statement:

In consideration for permitting (me/my child) to participate in the West Virginia University Youth Winter Academy Camp, and with the intention of binding (myself/me and my child) and (my/our respective) heirs, assigns and legal representatives, I hereby RELEASE AND WAIVE any and all rights and claims for damages which (I/I or my child) may have against the West Virginia University Youth Winter Academy Camp, the West Virginia University Department of Intercollegiate Athletics, West Virginia University and its Board of Governors, and their respective affiliates, directors, officers, employees, agents and representatives, for any and all property damage and personal injury of whatever kinds suffered by (me/me or my child) in connection with (my/my child's) participation in the West Virginia University Youth Winter Academy Camp, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

Parent/Guardian Signature (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_  
(Mo/Day/Yr)

Participant Signature: (if over age 18): \_\_\_\_\_ Date: \_\_\_\_\_  
(Mo/Day/Yr)