

Taft Boys Soccer Camp

Camp Instructor: **Coach Medina**



Camp Info:

Date: June 13th-16th

Ages: Incoming 7th - 9th graders

Time: 6:00 pm - 7:30 pm

Cost: \$25 (Cash or Check-payable to Taft High School)

Place: Taft Soccer Field



Questions: Contact Coach Medina at luis-1.medina@nisd.net

Please fill out the information below along with the attached medical waiver form for the camp. Bring both of these forms to the first day of camp. Please arrive 15-20 minutes early so everyone can get checked in and start the camp on time.

Camper Information:

Campers Name: _____ Incoming Grade: _____

Address: _____ Zip: _____

Parent's Name: _____

Phone Number: _____ Emergency #: _____

Contact Email: _____

Middle School Attended 21/22 school year: _____

Please register and pay on the first day of the camp. Also, please fill out and bring the NISD medical waiver form below.

Northside ISD

CONSENT TO STUDENT ACTIVITY PARTICIPATION
& MEDICAL TREATMENT FORM

Northside ISD is proud to offer the opportunity for our students to participate in the _____
(describe event). We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU I, as (parent or guardian) of _____, desire that my (child or

I, as (parent or guardian) of _____, desire that my (child or ward) participate in _____ (describe the event) and grant permission for my (child or ward) to

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATING IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

Please check one or both, as appropriate, and then sign:

Consent to Medical Treatment

I hereby authorize the sponsors for this event, on behalf of Northside Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ (name of child or ward).

Consent to Administration of Medication

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Student Activity Participation and Medical Treatment and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

Please list any allergies, medical conditions, and/or prescription medications below:

Parent or Guardian Signature

Phone Number

Date

Parent or Guardian Signature

Phone Number

Date

Student Signature (if under 18)

Phone Number

Date

The following individuals may be contacted at the numbers below if I am not available in case of an emergency:

_____ (Name) _____ (Phone Number)

_____ (Name) _____ (Phone Number)

