

Authorization Form for Soccer Camp 2019

July 22 to July 25 • For ages 5 to 13 • 205 W. Washington St., Round Lake, IL 60073
Sponsored by The Bridge • (847) 886-4595 • A Mission of Lake Region Bible Church



Medical Waiver: I, the undersigned parent/guardian, do hereby grant permission for the child/children named below to attend this Soccer Camp sponsored by The Bridge, a mission of Lake Region Bible Church (LRBC) in Round Lake, IL, and affirm that he/she/they is/are between the ages of 5 and 13 (or will be during camp). In order that he/she/they may receive the proper medical treatment in the event that he/she/they may sustain injury or illness during this Soccer Camp, I hereby authorize LRBC and its Soccer Camp representatives to obtain or provide medical treatment to him/her/them for such injury or illness during the camp, and I hereby hold LRBC and its representatives harmless in the exercise of this authority.

I further understand that there is always a possibility that he/she/they may sustain physical illness or injury while present at or participating in this camp. If this occurs, I hereby authorize LRBC and its representatives to refer him/her/them to a medical treatment center. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of him/her/them for physical illness or injury that he/she/they may sustain during the camp.

Understanding that there is always a possibility that he/she/they may sustain physical illness or injury, I acknowledge and understand that he/she/they is/are assuming the risk of such physical illness or injury by his/her/their participation, and I further indemnify LRBC, its properties, and its representatives from any claims for personal illness or injury that he/she/they may sustain during the Soccer Camp. I further acknowledge and understand that he/she/they will be responsible for his/her/their failure to abide by the rules and regulations of the camp.

Advertisement Permission: I also authorize photographs or video taken of him/her/them during Soccer Camp to be used for present or future advertisement or promotional purposes by and for The Bridge, LRBC and/or any supporting organizations of this Soccer Camp.

Emergency Contact Information: When the parent/guardian cannot be reached), contact the following person(s), who is also authorized to pick up this child/these children:

Name: _____ Cell/other: _____

Name: _____ Cell/other: _____

Child's/Children's Full Name(s):

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Authorized Signature:

Print your Name: _____ Date: _____

Parent/Guardian Signature: _____