

Medical Consent

To enable the Athletic Training staff at Cleveland State University and/or other health facilities in Cleveland to provide prompt care to your minor, we must have a completed Consent Form on file. This way, we can help your child without delay in an emergency.

Name of Minor _____ Birthday: (M/D/Y) _____

Insurance Company _____

Name on Insurance Card _____

Policy # or Group # _____ SSN # _____

Food/Allergic Reactions: _____

Medicine Allergies: _____

Present Medication: _____

_____ Last Tetanus (MM/DD/YY) ___/___/___

EMERGENCY NUMBERS

Father (H) (W) (C) # _____

Mother (H) (W) (C) # _____

Emergency contact name and phone # _____

Liability

Assumption of Risks: Participation in the Cleveland State Women's Soccer Camp and the sport of Soccer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I grant permission to the director, assistants, or other persons responsible for her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give consent to such medical treatment as deemed necessary including surgery, x-ray examinations, and anesthesia to be rendered to said minor by a licensed physician, nurse, or other qualified Health Care provider. Also for said minor in transporting her by whatever means are necessary, to any hospital, clinic, or other health facility.

In consideration of being allowed to participate in the Cleveland State Women's Soccer Camp, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue Cleveland State Women's Soccer, its officers, employees and agents for liability from any and all claims including the negligence of the Cleveland State Women's Soccer, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Cleveland State Women's Soccer camp. I also authorize Cleveland State Women's Soccer Camps to utilize any photographed images of such minor in brochures, flyers, displays, website, or other promotional purposes.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Cleveland State Women's Soccer Camp and the sport of Soccer. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature _____ Date _____

Signature _____ Date _____