



VILLAGE BIBLE CHURCH

Soccer Camp Release Form

Child's Last Name: _____

Child's First Name: _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Soccer Camp. In order that my child may receive the proper medical treatment in the event that he/she sustains injury or illness during Soccer Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp. I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I understand that the camp staff will call the emergency contact provided below to inform this person of the situation. I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.) if they believe it is needed. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release Village Bible Church and their representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

I acknowledge that by signing this release form I grant permission for my child to be photographed and/or Videoed during Soccer Camp activities. I also give permission for these photos/videos to be posted on the Village Bible Church website, social media, bulletin, or in the local newspaper.

Emergency Contact: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent's Printed Name: _____