

# Travel Abroad Information Form, Emergency Medical Release, Authorizations, and Liability Waiver

**This form must be completed and on file with Tidewater Soccer Camp (TSC) before your child can participate in any Travel Abroad Soccer Program (TASP) sponsored by TSC.**

Program Name: \_\_\_\_\_ Trip Date: \_\_\_\_\_  
Player's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
(please print) Last First M.I.  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Home phone: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
Mother's Work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_  
Father's Work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

**In an emergency, if parents cannot be reached, contact the following:**

Name: \_\_\_\_\_ Relationship to player: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Alternate number (explain) \_\_\_\_\_

***\*If you'll be away from the above numbers while your child is abroad, provide alternate numbers.***

## HEALTH/MEDICAL HISTORY

Operations, serious illnesses, injuries (give dates and outcomes): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Allergies/sensitivities: \_\_\_\_\_

Heat illness/Exhaustion/Asthma: \_\_\_\_\_

Date of last Tetanus-Diphtheria Booster: \_\_\_\_\_

List any special dietary requirements and why: \_\_\_\_\_

List any current medications, dosages, and reason for taking: \_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

## INSURANCE INFORMATION

While participating in any TASP sponsored by TSC your son or daughter is at an increased risk of injury. By completing this form you acknowledge that you are aware of these risks and understand that **you take financial responsibility for necessary medical expenses** that may be incurred from an injury sustained while your child is abroad.

In most cases--but not all--health care providers will be willing to process insurance claims for you. Some providers will bill you directly for services rendered, thus you will need to pay any bills from them and seek reimbursement from your insurance company. Please make sure to fill out the following information completely so that we can give it to any health care provider at the time of use:

Complete name of medical insurance company: \_\_\_\_\_

Address where claim is to be mailed: \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_ Relationship to Participant : \_\_\_\_\_

Policy Holder's Subscriber ID# \_\_\_\_\_ Policy Holder's group #(or name) \_\_\_\_\_

***\*Please submit a copy of your insurance card (front and back) with this Information Form.***

**AUTHORIZATIONS--PLEASE READ CAREFULLY**

- I certify that the above camper has had an official medical examination within the past year and is physically fit and able to participate in the rigors of this Travel Abroad Soccer Program (TASP).
- I hereby grant permission for my child to be medically treated for injuries or illnesses during his or her participation in the TASP.
- I authorize payment of medical benefits to all providers for all services and materials they provide during the care of an injury/illness sustained during the TASP.
- I understand that I am financially responsible for charges for services rendered for the care of an injury, and/or sickness/illness sustained during the TASP.
- I grant permission for athletic trainers to administer the following indicated over-the-counter medications to my child. These may only be used for the signs and symptoms indicated below and only for a 24-hour period. After this time, a physician will be consulted and the athletic trainer will call me.
  - \_\_\_\_\_ Tylenol (for minor headaches not thought to be associated with dehydration or head injury) and for fever less than 101 F).
  - \_\_\_\_\_ Pepto Bismol (for upset stomach, stomachache and diarrhea)

**LIABILITY WAIVER--PLEASE READ CAREFULLY**

I, the undersigned parent/guardian of the above listed player, a minor, hereby acknowledge and understand that said player will be traveling abroad (outside the United States) to engage in soccer-related and other activities, and that said activities involve the risk of economic loss and serious physical injury, including permanent disability or death, and that such risks may result from the player’s own actions, inaction, or negligence, the actions, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. For these risks, and all other risks not reasonably foreseeable at this time, and for any and all resulting injuries or damages, whether economic or physical, I hereby assume and accept personal responsibility and do hereby release, discharge, indemnify, hold harmless, and otherwise agree not to sue Tidewater Soccer Camp, Inc. and FC Frederick, Inc., its coaches, managers, employees, associated personnel, officers, directors, agents, all of which are hereinafter referred to as “Releasees,” from any and all liability in any way related to the player’s participation in the soccer-related and other activities, including all transportation, associated with the travel abroad.

I have read the above Authorizations and I agree to release, discharge, indemnify, and hold harmless all Releasees from any and all liability because of any action, or failure to act, with respect to the Authorizations set forth above.

I have read the above Liability Waiver and understand that both the player and I will give up substantial rights by signing this, and do voluntarily sign below.

I agree that a photostatic copy of this Authorization & Liability Waiver shall be deemed as effective and valid as the original.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_