

WIDEWORLD SPORTS CENTER

- Kids' K.A.M.P.
 Soccer Camp

Attending Week(s) of: _____

Camper: _____ Birthdate: _____

Address: _____ Zip Code: _____

IN CASE MY CHILD BECOMES ILL OR INJURED AT CAMP, PLEASE CALL _____ or

(Name of Father/Guardian) (Place or Employment) (Work Phone) OR

(Name of Mother/Guardian) (Place or Employment) (Work Phone) OR

If parents cannot be reached, call (Name of Relative/Neighbor) (Relationship) (Phone Number)

If none of the above parties can be contacted, I instruct the camp to contact:

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Or the emergency room staff at _____ or _____

The _____ Emergency Health Clinic Phone Number: _____

If the designated parties are not available, I understand appropriate emergency care deemed advisable by camp authorities will be sought. Any special directions appropriate to my child are checked below.

Date: _____ Signature: _____

HEALTH FACTORS

This information will be shared with appropriate camp staff. Please put an "X" in the appropriate box, specify where indicated. Also, please read waiver and sign form.

- 1 Contact lens/glasses
 2 Bone/joint condition
 3 Diabetes
 4 Heart condition:
 5 Seizure disorder
 6 Hypertension or high blood pressure
 7 Asthma
 8 Special blood condition:
 9 Critical allergies (reaction):
med/drug
food
insect
other
 10 Attention Disorder:
 11 Other conditions or problems:
 12 Medications needed or used:
 13 None Known

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equipment therein. I further expressly agree to release WideWorld Sports Center, its owners, employees agents, successors, assigns, affiliates and anyone else associated with WideWorld Sports Center from any and all claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as Michigan law allows, releases of this sort to be. I understand that, without this document, the cost or participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so chose.

I further agree to save, hold harmless, and indemnify WideWorld Sports Center, its owners, employees, agents, successors, assigns, affiliates and anyone else associated with WideWorld Sports Center, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of my claims by me, anyone who comes with me to the premises or related entities, and/or as a result of my claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises.

I have read the forgoing release, I fully understand it, and I agree to be bound by it.

Date: _____ Signature: _____