



NATIONWIDE CHILDREN'S

Soccer Team Camps

854 Montrose Ave. Columbus, Ohio 43209 * Scott Dempsey - Director

HIGH SCHOOL TEAM ROSTER

Coach's Name: _____ School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (H) _____ (W) _____ Cell: _____

	Class	Player Name	Address	City	Zip Code	Telephone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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13						
14						
15						
16						
17						
18						

www.soccerteamcamp.com

Total Team Fee \$ _____ payable to Scott Dempsey



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Waiver Statements

Medical Coverage

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper. Complete the health insurance information form on the opposite side of this form.

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical policy. I/We, the undersigned, hereby acknowledge and understand that the Central Ohio High School Soccer Camps, LLC, dba NCHSM High School Soccer Team Camp is a privately run sports camp, and is not operated by or through Nationwide Children's Hospital.

The Camp is neither controlled, nor supervised by NCHSM but rather is under the sole control, and supervision of the Central Ohio High School Soccer Camps, LLC, dba NCHSM High School Soccer Team Camp. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Central Ohio High School Soccer Camps, LLC and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Camp activities or while at Camp.

Signature (Parent or Guardian) _____ Date _____

Video/Photo Release

Occasionally our staff may wish to take various pictures or video of players in the camp environment. The photographs and videos are used for documentation of programs, community newsletters, media releases, other publications and some external communications, including the soccer team camp web page. While we make every attempt to work with the media, they may also take incidental photos and/or videos of students in situations we cannot control.

If you wish that your child (children) **NOT** be photographed for any reason, please indicate that below by completing the form and returning it to our camp director.

Note: Your child's name WILL NOT appear with any photograph or work displayed on the district webpage.

If you have no problem with an occasional photograph, you do not need to take any action.

Thank you for your cooperation.

I, _____, as the parent/legal guardian for _____ (child/children), do **NOT** want the school district to use my child's (children's) picture(s) in any public display other than the annual school yearbook or class photo.

Parent/Guardian Signature

Date



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Physical Activity Release Form

www.soccerteamcamp.com

THIS COMPLETED FORM OR A COPY OF A CURRENT OHSAA PHYSICAL FORM MUST BE ON FILE WITH THE CAMP BEFORE YOU MAY PARTICIPATE IN ANY ACTIVITIES.

HIGH SCHOOL _____

CAMPER _____
LAST FIRST

PARENTS _____
LAST FIRST

ADDRESS _____
STREET CITY & STATE

EMERGENCY PHONE NUMBERS _____
HOME WORK CELL
HEALTH INSURANCE INFORMATION

Company _____
Policy Number _____
Date _____

PHYSICIAN'S STATEMENT

I certify that this camper is physically able to participate in soccer camp without restriction:

Physician's printed name Physician's signature
Office phone number

Please list any medical problems of which the camp staff should be aware:

Date of last tetanus shot _____