

Parent Questionnaire and Release – F.C. Barcelona Soccer Camp

For participants in the summer soccer camp powered by F.C. Barcelona in Miami, a parent or guardian must also complete and sign this questionnaire and release. Then fax this document, along with the Registration form to us at **305-373-9188** or by regular mail to **Transworld Soccer, 1331 Brickell Bay Drive, Suite 1406, Miami, FL 33131**. Proceed to make the payment in our website (PayPal) and you will receive confirmation within one week.

1. Medical Information

Does your child have any special dietary needs? Yes _ No _ (If yes, please explain)

Does your child have any allergies? Yes _ No _ (If yes, please explain)

Does your child have any medical condition or health problems of which we should be aware of? Yes _ No _ (If yes, please explain)

Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the summer program? Yes _ No _ (If yes, please fill out the following):

Physician Name: _____ Phone Number: _____

Address: _____

Authorized Prescribed Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Authorized Over-The-Counter Medication(s):

Name: _____

Dosage: _____

Instructions: _____

I, as parent or guardian of _____, (camper's name), give my consent to give the prescribed and/or over-the-counter medication(s) listed below to my child during the summer program, in the dosage and schedule given above.

The parent or guardian should give the medication(s) to authorized program personnel in a sealed plastic bag with sufficient instructions in regards to dosage, schedule of administration, and any other pertinent information. Camp staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. Admissions staff should be notified of any special medical needs to determine if the prospective camper can be accepted into the program. Children with contagious medical conditions will not be permitted to attend camp.

2. Special Provisions for Parents or Guardians of Campers

I, the undersigned, as parent or guardian, give my consent for our camper, identified herein, to participate in swimming activities during the summer camp program. I understand that participation in any swimming event is done at our own risk. I will not hold Transworld Soccer Inc., its officers, agents, employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named camper in the course of such activities or such travel.

I understand that Transworld Soccer Inc. will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in the summer program activities and events, shall be processed by the camper, his/her parent(s), or guardian(s) through the company handling the camper's insurance policy and not through Transworld Soccer.

I hereby accept financial responsibility for personal items lost by the camper identified herein.

I authorize Transworld Soccer to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the camper in the course of such activities/events or such travel. I also agree that the expenses for such transportation and treatment shall not be borne by Transworld Soccer. I accept full responsibility and hereby grant permission for my son/daughter to travel on any camp-related trip by bus or van.

Weapons: Students shall not carry or possess a firearm, knife, weapon, or an item which can be used as a weapon. Notice is hereby given that possession of a firearm, a knife, a weapon, or an item, which can be used as a weapon is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the camper. The fee paid for the summer program will not be reimbursed.

Illegal Substances: Notice is hereby given that possession or sale of controlled substances, as defined in Florida statutes, Chapter 893, by any camper is grounds for expulsion of the summer program. Student possession of or being under the influence of alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or substances having hallucinatory effects, marijuana, or under the influence of glue or other drugs or combinations of drugs or drug paraphernalia expressly prohibited by federal, state, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances is grounds for expulsion from the remaining of the summer program and referral to proper law enforcement agencies. Parent(s) or Guardian(s) will be immediately notified to pick up the camper. The fee paid for the summer program will not be reimbursed.

Further notice is hereby given that possession of prescription drugs, or any other over-the-counter medication, not specifically ordered for the camper by a physician or the camper's parent or guardian is grounds for expulsion from the remaining of the summer program. Parent(s) or Guardian(s) will be immediately notified to pick up the camper. The fee paid for the summer program will not be reimbursed.

Signature of Parent, or Guardian: _____

Printed Name: _____ **Date:** _____

Relationship to Camper: _____