

**POINT LOOKOUT SOCCER ACADEMY**  
**HEALTH INFORMATION FORM**

<b>CAMPER INFORMATION</b>		
Childs Last Name:	Childs First Name:	Middle:
Birth Date:                      Age:	Sex: Male/ Female	Height: Weight:
Parent or Guardian Name: Relationship to Child:		Cell:
Home Address:		Home: Work:
List a friend or relative who will care for your child if you cannot be reached:		Daytime Phone:
Insurance Company: Policy Number:		

<b>HEALTH HISTORY * to be completed by parent/guardian*</b>		
Health information/activities to be limited:		
If the applicant is under the care of a physician for health concerns, please list treatment(s):		
Family physician: Phone Number:		
<i>Check the items below your child has had in the past and provide additional information as needed to care for your child.</i>		
<b>Conditions/ Diseases</b>  ADHD Asthma Diabetes Glasses/Contacts	<b>Conditions/ Diseases</b> <small>Provide comments below for these conditions</small>  Bleeding Disorder Heart condition Operation/injuries Psychological Seizures	<b>Allergies</b>  Hay Fever Insects (please list): _____ Poison Ivy Dietary Restrictions (please list): _____ Allergies to Medications (please list):
<i>Please provide any additional information on medical, psychological, or behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to know to ensure your child's camp experience is positive:</i>		

*Continue to next page...*

**POINT LOOKOUT PARENT / GUARDIAN CONSENT AND RELEASE FORM**

*At Point Lookout, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children’s safety and well being is everyone’s concern. As a policy of Point Lookout we require that a Release of Liability Form be signed as a requirement to attend camp.*

I represent that I desire to participate in activities sponsored by Point Lookout, LLC (“Point Lookout”). In consideration for Point Lookout permitting the Guest to participate in activities, I have agreed to execute this Release of Liability and Assumption of Risks (the “Release”). I assert the information given on this health form is complete and accurate to the best of my knowledge.

I acknowledge that participating in any of the activities sponsored by Point Lookout, including sport activities, involve certain inherent risks, including the risk of serious personal injury. I agree I shall assume all such risks, including the risk of serious personal injury. I agree I shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving Point Lookout. I also agree to release and discharge Point Lookout and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the “Released Parties”), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from using Point Lookout facilities or being involved in any activity, occurrence, or event connected in any way to Point Lookout. This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend Point Lookout from and against any loss, damage, liability and expense, including costs and attorneys’ fees, incurred by Point Lookout that is related to or arise from me using any of Point lookout facilities or being involved in any activity, occurrence, or event connected in any way to Point Lookout.

I hereby grant permission to Point Lookout the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Point Lookout.

The laws of the State of Maine shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Waldo County, Maine. I hereby voluntarily waive any right I may have to a trial by jury in any action, proceeding or litigation involving any Released Party. I further agree to pay any attorney’s fees incurred by Point Lookout if I attempt to contest the validity of this Release.

**THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.**

Printed Name of parent/guardian:

Signature of parent/guardian:

Date: