



HEALTH RECORD FOR CAMP PARTICIPATION

Camper's Name: _____ Date of Birth: _____

Parent/Guardian _____

Home Address _____

City

Zip

Email _____

Second Parent _____

Home Address _____

City

Zip

Emergency Contact _____

Home Address _____

Phone 1 _____ Phone 2 _____

Family Physician _____

Phone _____

Dentist _____

Phone _____

Health Insurance

Is the camper covered by the family medical/hospital insurance? Yes _____ No _____

Carrier _____ Policy or group # _____

Participation Requests or Limitations

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter participation. Information regarding medications can be found on the following page.

Activity Restrictions: _____

Dietary Restrictions: _____

Medical Treatments: _____



HEALTH RECORD FOR CAMP PARTICIPATION

Camper's Name: _____ Date of Birth: _____

Immunizations:

Are immunizations complete and up-to-date prior to camp entrance: Yes _____ No _____

- | | YES | NO | Has the camper had any.... |
|----|-------|-------|--|
| 1 | _____ | _____ | Chronic or recurrent illness |
| 2 | _____ | _____ | Illness lasting over one week |
| 3 | _____ | _____ | Missing organs |
| 4 | _____ | _____ | Orthopedic injury/abnormality |
| 5 | _____ | _____ | Problems with heart or blood pressure |
| 6 | _____ | _____ | Chest pain with exercise |
| 7 | _____ | _____ | Dizziness or fainting with exercise |
| 8 | _____ | _____ | Frequent headaches |
| 9 | _____ | _____ | Convulsions |
| 10 | _____ | _____ | Concussions or unconsciousness |
| 11 | _____ | _____ | Heat exhaustion, heat stroke, or other problems with heat. |

- | | YES | NO | Does camper.. |
|---|-------|-------|--|
| 1 | _____ | _____ | Wear glasses/contacts |
| 2 | _____ | _____ | Wear dental braces/appliances |
| 3 | _____ | _____ | Take regular medication |
| 4 | _____ | _____ | Have environmental allergies |
| 5 | _____ | _____ | Have insect allergies |
| 6 | _____ | _____ | Have asthma or recurrent respiratory illness |
| 7 | _____ | _____ | Have intolerance to strenuous exercise |
| 8 | _____ | _____ | Have emotional/behavioral imbalances |

Use this space to explain any "Yes" answers above or provide any additional information

EMERGENCY AUTHORIZATION

I hereby give my permission to the personnel selected by the camp director to order routine treatment for my child and in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

Signature of Parent/Guardian _____ Date _____



PLEASE READ CAREFULLY

Waiver and Release of Liability

Cary Ice House, LLC (dba Polar Ice Cary)

Garner Ice House, LLC (dba Polar Ice Garner)

NC Iceplex, LLC (dba Polar Ice Raleigh)

Sports Factory, LLC (dba Polar Ice Wake Forest)

REFUNDS: There will be no refunds given. Customers may be granted credit for programs and services that the facility is unable to provide.

In consideration of being allowed to participate in any way in any ice skating, ice hockey, broomball, soccer, lacrosse, or related events and activities of; Cary Ice House, LLC; Garner Ice House, LLC; NC Ice Plex, LLC; Sports Factory, LLC; and Wake Competition Center, LLC, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in all the activities at this facility including ice skating, ice hockey, broomball, soccer, lacrosse, or related events EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in ice skating, ice hockey, broomball, soccer, lacrosse, and other related activities. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns personal, representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Cary Ice House, LLC; Garner Ice House, LLC; NC Ice Plex, LLC; Sports Factory, LLC; and Wake Competition Center, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Furthermore, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and spreads from person-to-person contact. Cary Ice House, LLC; Garner Ice House, LLC; NC Ice Plex, LLC; Sports Factory, LLC; and Wake Competition Center, LLC has put in place preventative measures to reduce the spread of communicable diseases; however, we cannot guarantee that you or your child(ren) will not become infected while attending our facilities. While we've implemented reasonable preventive measures, we depend on each and every visitor and their families to follow the guidelines from the Center of Disease Control, and all applicable federal, state, and local health department guidelines, rules, laws, and regulations before and while visiting our premises. We are all in this together and rely on each other to adhere to the above-mentioned guidance and legal restrictions. The undersigned fully understands and acknowledges both the known and potential dangers of utilizing our facilities, services, and programs and acknowledge that use thereof by the undersigned and/or such participating children may, despite our reasonable best efforts to mitigate such dangers, result in exposure to communicable diseases, which could result in quarantine requirements, serious illness, disability, and/or death.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Name: _____ Age: _____

Participants Signature: _____ Date Signed: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date Signed: _____

Emergency Contact # _____



PHOTO RELEASE FORM

- ☐ I hereby **GRANT** permission to Sports Factory, LLC (dba House of Sports NC) to use pictures/videos taken at camp in which myself/or my child may appear in publications, news releases, online, and in other communications related to the mission of the company.
- ☐ I **DENY** permission to Sports Factory, LLC (dba House of Sports NC) to use pictures/videos taken at camp in which myself/or my child may appear in publications, news releases, online, and in other communications related to the mission of the company.

Camper's Name: _____

X _____
PARENT/GUARDIAN SIGNATURE

Date Signed: _____



CONSENT FOR TECHNOLOGY AND DEVICE USE

Parental permission is required in order for your camper to access technology and use physical devices at camp. House of Sports NC Soccer Camps allows campers to use devices and technology during lunch time and free time. With permission, campers may use their own physical devices, including but not limited to, computers, tablets, iPads and iPads (all of which allow some degree of Internet access.) Campers may also be allowed to view other campers' physical devices. Campers are instructed daily about appropriate behavior with their devices.

- You may grant permission for your camper to use technology. You should select this option if you would like your camper to use computers, tablets, etc. and be allowed to access the internet.
- Parents may deny permission for their student to access technology and digital resources. You should select this option if you do not want your student to use or view a computer or other physical device.

Campers Name: _____

☐ I GRANT permission for my camper to use their personal device and view other's devices. We have read and agree to the Parent Handbook in regards to electronic devices.

☐ I DENY permission for my student to use any technology.

Parent Signature

Date



Camper Information Form

Name: _____ Date of Birth: _____

School: _____ Grade: _____

- ☐ Track 1
- ☐ Track 2
- ☐ Track 3
- ☐ Track 4
- ☐ Traditional
- ☐ Modified
- ☐ Other

Experience:

- ☐ Beginning
- ☐ Intermediate
- ☐ Experience

Anything else the counselors should know about your camper?
