

**PSCC WEEKEND ACADEMY FOR SPORT & SOCIETY
APPLICATION AND RELEASE/WAIVER FORM**

Child's Name _____ Phone Number (____) _____ - _____

First MI Last

D.O.B. ____ - ____ - ____ Age ____ Shirt Size ____ High School _____

Current Grade ____ Career Interest (check): Sports Entertainment Acting Music Other

Home Address/City/State/Zip _____

Parent/Guardian Name _____ Work Number (____) _____ - _____

Student Cell Phone Number (____) _____ - _____ Parent Cell Phone (____) _____ - _____

Parent Email Address: _____ Student Email Address: _____

PARENTAL RELEASE COVERING INJURY OR EMERGENCY MEDICAL TREATMENT

I wish my child to fully participate in the Weekend for Sport & Society Training Camp. I am informed that the activities are conducted by individuals who may be employees, staff members, interns, and volunteers of Pro Sports Community Consultants (PSCC) who are working and/or acting on behalf of PSCC. I recognize the risk of accident and/or injury is possible consequences or participation in any activity, and that no amount of instruction and supervision will prevent any and all types of injury. I also realize and understand that severe injuries are possible. I appreciate the character of the risks involved and assume all risk of injury to my child and are therefore releasing Pro Sports Community Consultants, its officers, agents, employees, volunteers, along with the School District of Philadelphia, its agents, employees, and volunteers of any claims or liabilities for damages or injuries, which may be sustained by my/our child in connection with the Weekend Academy for Sport & Society Training Camp.

Parental Signature

Date

MEDICAL TREATMENT INFORMATION

Please list any medications required by my child, allergies or allergic information to potential medicine, or any other pertinent medical information that the staff should be made aware of regarding your child (be as specific as possible or leave blank if the answer is NONE)

In the event that reasonable attempts to reach parents/guardians at phone numbers or emergency contact information listed have been unsuccessful, I hereby give my consent to the staff to provide any medical treatment deemed necessary by

Name of Physician/Contact Phone Number

If there is an immediate emergency, I consent to a transfer of my child to the nearest appropriate hospital or emergency facility. This authorization does not cover such medical incidents as major surgery unless in the medical opinions of at least two licensed dentists or physicians such a procedure is deemed necessary.

Parental Signature: _____

Date: _____