



Fort Worth Adventist Junior Academy

Email: contactfwaja@gmail.com

Phone: 817-370-7177

3040 Sycamore School Rd.

Fax: 817-370-8455

Fort Worth, TX 76133

I hereby give permission for my child or ward, _____ to participate
(child's first name) (child's last name)

in FWAJA soccer camp from July 12-15 at FWAJA from 6pm to 8pm.

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. I further expressly agree that in the event of disciplinary action, or if the health of my child or ward makes it necessary at the discretion of the sponsors, my child or ward be forthwith returned home at my expense. I understand that the student accident insurance carried by **Fort Worth Adventist Junior Academy** is in force for this camp, and I assume financial responsibility for any medical or dental expense incurred over and above that covered by the student accident insurance.

We, the undersigned, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the school personnel, whether said diagnosis or treatment is rendered at the office of said physician/dentist or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage the school personnel and said physician/dentist to exercise their best judgment as to the requirement of such diagnosis or treatment.

It is also understood that every possible attempt will be made to contact the parents first; only in case of extreme emergency and failure to be able to contact the parents will this apply. It is further warranted that if this consent form is signed by one of the two parents or guardians, it is with the authority of the other.

The sponsors for this event are:

Mrs. Regina Martinez
Cell: 817-996-8568

Pastor Sunny Kim

<p>Required: 1-2 FULL Water Bottles Shin Guards</p> <p>Recommended but not required: Mouth Guard Soccer Cleats Soccer Ball</p>
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<p>IN CASE OF EMERGENCY List any allergies, breathing problems, limitations or other medical conditions emergency personnel should be aware of: _____ _____</p>
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SIGNATURE of Parent/Guardian: (x) _____

Please PRINT Parent/Guardian name here: (x) _____

Date: _____

Parent/Guardian can be reached at : _____ and/or _____

(daytime or work phone#)

(cellular/mobile phone#)



Summer Soccer Camp July 12th-15th

Name of Child: _____ Age _____ Grade _____

Parents or Guardians: _____

Address: _____

Cell Phone: _____

Email: _____

I grant authorization for FWAJA to take pictures of my child during soccer camp for media use.

Please circle: YES or NO

Emergency Contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I consent for my child/children to participate in the FWAJA soccer camp.

Parent Signature: _____ Date: _____