

SF Viking Summer Camp Application

SAN FRANCISCO VIKINGS SUMMER CAMP - 2010

AUTHORIZATION OF CONSENT OF TREATMENT TO MINOR

I, (We), the undersigned parent(s)/guardians to _____ (player), a minor, do hereby authorize San Francisco Vikings Soccer Club, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine Practice Act on the Medical Staff of any accredited hospital treatment is rendered at the office of said physician or at said hospital. It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care. This authorization is given pursuant to the provisions of Section 2.5 of the Civil Code of California and shall remain effective until _____, 2010 unless sooner revoked in writing.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

Please complete a separate form for each participant

Player Name:

Address _____

City _____ Zip _____

Parent's Name _____

Email: _____

Phone: (H) _____

Phone: (W) _____

Child's Date of Birth _____

Sex: Male _____ Female _____

Emergency Contact and Relation:

Phone: _____

Special Instructions (i.e. allergies, medication,
etc.) _____

Viking Microsoccer team, League team or Select team name & age
group:

Please place a check mark next to the session(s) that you would like your child to attend:

- Session I - July 26 – 30
- Session II - Aug 2 – 6
- Session III - Aug 9 – 13
- Session IV - Aug 16 – 20

Please place a check mark next to the time that you would like your child to attend:

- 9am – 4pm
- 9am – 12pm
- 1pm – 4pm

Fees:

Extended Care: 8:30am - 9:00am and 4:00pm - 6:00pm – \$30.00

Late Pick-up fee – \$5.00/10 minute intervals per family

Registration Fees:

- 9am – 4pm: \$275.00
- 9am – 12pm: \$175.00
- 1pm – 4pm: \$175.00

Please return this form along with a check for the above session(s) to:

Camp Coordinator - Cindy Quan
San Francisco Viking Soccer Club
2521 Judah Street
San Francisco, CA 94122