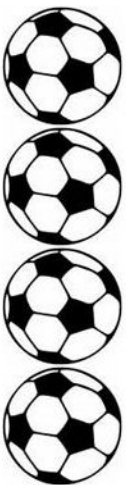


UNLV SOCCER  
 4505 MARYLAND PARKWAY  
 BOX 450006  
 LAS VEGAS NV 89154-0006

# 2008 UNLV REBELS SUMMER SOCCER CAMPS



## 2008 Camp Dates

### Session 1:

June 16 - 20, 5:30 - 8:30 pm

@ UNLV

### Session 2:

June 23 - 27, 5:30 - 8:30 pm

@ Summerlin

### Session 3 Full Day Camp:

July 21 - 25, 9:00 am - 4:00 pm

@ UNLV

### Session 4:

July 28 - Aug. 1, 5:30 - 8:30 pm

@ Summerlin

## Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the UNLV Rebels Soccer Camp being held at the University of Nevada Las Vegas, (collectively referred to as the "UNIVERSITY"), or in Summerlin, on the following dates: June 16-20, June 23-27, July 21-25, July 28-August 1, 2008.

In consideration for being allowed to participate in said activity, I hereby release waive and discharge the UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the University from any loss liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians and dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Medical Information

Allergic Reactions: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Check if known to have any of these conditions:

- Diabetes
- Epilepsy
- Hemophilia
- Heart Condition

Past illness or other information that would be useful in the event treatment is necessary: \_\_\_\_\_