



Informed Consent / Permission to Treat Form

Parent/Guardian & Athlete,

The athlete and/or parent(s)/guardian(s) understand that participating in Seacoast United's Training Academy can be dangerous and that the athlete could be risking bodily injury and even sudden death by participating in athletics and Seacoast United's Training Academy. Participation in this camp is strictly voluntary. The athlete and/or parent(s)/guardian(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics, Seacoast United's Training Academy and release the AT (licensed athletic trainer) from any claim or liability for any injury or other loss that the athlete may suffer due to participation in Seacoast United's Training Academy, regardless of the cause of the injury or other loss. The athlete and/or parent(s)/guardian(s) also agree to hold harmless the AT from any and all liability, damages and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in Seacoast United's Training Academy and to forfeit any litigation arising out of such activities.

Permission is hereby granted to the AT of the Seacoast United Training Academy in which the below mentioned athlete is participating, should any injury occur, to provide athletic training services in the form of emergency assessment and/or management of any sports injury suffered. An emergency referral to an appropriate physician if, in the option of the AT, treatment or further evaluation is necessary is also consented. Permission is hereby granted to the AT of the Seacoast United Training Academy to provide athletic training services in the form of care, treatment, evaluation, management and rehabilitation of any sports injury suffered to the athlete designated below. An emergency referral to an appropriate physician if, in the opinion of the AT, treatment or further evaluation is necessary is also consented.

Name of Athlete \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_