

# 2019 Summer Boys Oakland Senior Elite Soccer Camp Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home / Work Phone: \_\_\_\_\_

Email (Required): \_\_\_\_\_

All confirmations will be sent via email only

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(At time of camp) (Fall 2019)

T-Shirt Size (circle one): Youth L Small Medium Large X-Large

Club Team: \_\_\_\_\_ Position: \_\_\_\_\_

July 11, 2019 (Grade 8 - 12) Cost: \$200.00

**ALL REGISTRATIONS MUST BE PAID IN FULL, NO PARTIAL PAYMENTS ACCEPTED**

I wish to enroll in the 2019 Oakland Soccer Camps at Oakland University, Rochester, Michigan. Neither Oakland Soccer Camps, the directors, Oakland University, nor anyone else connected with the camp assumes any responsibility for accidents (medical or dental) or any other injuries incurred as a result of attendance at this camp. The parent/guardian authorized the directors and staff of the soccer camp to act in their best judgment in any emergency requiring medical attention. The parent/guardian will furnish medical insurance for their child.

Parent/Guardian Signature: \_\_\_\_\_

Print and complete application and send with check to:

TM

**Oakland Soccer Camps LLC  
PO Box 80884  
Rochester, MI 48308-0884**



# OAKLAND SOCCER CAMPS L.L.C

## Parental Waiver and Consent Form

**As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.**

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_ (Name of Child) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (Town) \_\_\_\_\_ (State)

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Parent's Signature) \_\_\_\_\_ (Date)

## Camp Medical Information and Release for Treatment

Date of Camp: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent(s)/Guardian(s) Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Secondary Contact Source in Case of Emergency: Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\*\*\*\* If my child needs medical treatment while participating at Oakland Soccer Camps, I give my Permission for treatment to be given immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Insurance Information

Insurance Co.: \_\_\_\_\_ Member's Name: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
ID #: \_\_\_\_\_ Service Code: \_\_\_\_\_

### Medical Information

1. If your child is presently taking any medication, please indicate what type and why: \_\_\_\_\_  
\_\_\_\_\_

2. Please list any drug sensitivities: \_\_\_\_\_  
\_\_\_\_\_

3. Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_

4. Please list your child's medical problems and/or significant injuries that the medical staff at Oakland Soccer Camps should be made aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date of your child's last tetanus shot (if known): \_\_\_\_\_

**Thank you for your cooperation in filling out this important emergency information  
Oakland Soccer Camps L.L.C**

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

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HEADS UP

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