

Scandia United Soccer Academy

Travel Document Checklist

- _____ Permission to Travel Letter

- _____ Player Code of Conduct

- _____ Health/Medical Evaluation

- _____ Copy of Health Insurance Card

- _____ Copy of Passport – Photo Page

Player Code of Conduct

Name _____ Birthdate _____

The following is a list of rules and regulations that will be enforced by the Scandia United Soccer Academy Staff. All participants/players on this Tour are subject to these rules and regulations.

1. Possession of knives, guns, lighters, firecrackers, alcohol, tobacco, illegal or un-prescribed drugs, or related paraphernalia may result in immediate expulsion from this Tour.
2. Stealing, vandalism, absence from training or games and/or group functions, unauthorized visits to rooms of the opposite sex, or failure to inform Staff of your destination may result in disciplinary action and/or expulsion from this Tour.
3. Players must always be in the presence of Tour Staff or assigned chaperones, unless approval by a Staff member is obtained. Curfews will be established based on planned activities and will be adjusted according to daily schedules.
4. Health and safety is of the utmost importance and any threatening behavior will not be tolerated, which may result in immediate expulsion.
5. Arrest or detention by a government official (foreign or other) may result in immediate expulsion from the Tour. Parent(s)/Guardian(s) will assume immediate responsibility if deemed necessary by the government official.
6. Searches of rooms may be conducted at any time during the Journey. If participants/players are found in violation of any of the rules/regulations, they will have the opportunity to turn in any incriminating items prior to the search, without penalty.
7. Repeated minor violations (ie – disrespect toward Staff, continued use of profanity, or other issues) will be dealt with on an individual basis. However, this may result in expulsion from this Journey.
8. Scandia United is authorized to use photos of any players for promotion/advertising.
9. Scandia United may choose to collect and store cell phones overnight to ensure players get adequate sleep.

We have read the above, of which we understand and agree to honor this Code of Conduct for the Scandia United Journey.

As a player, I agree to treat others as I would like them to treat me. I agree to acknowledge and respect the entire Scandia United Soccer Academy Staff.

I/we acknowledge that no refunds will be given in the event of expulsion for disciplinary reasons and that I/we, as parent(s)/guardian(s) are responsible for any additional costs associated with sending the player/participant home. I/we understand notification of major disciplinary action will result in immediate notification, before action is taken.

Participant/Player's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Participant Travel Permission

Date: _____

To whom it may concern:

The undersigned parent(s) and/or legal guardian(s) of the minor player,

_____, do hereby allow and give permission for travel outside of the United States of America, to Iceland, Denmark and Sweden (primarily Scandinavia), to participate with the Scandia United Soccer Academy and their Scandia United Soccer Journey. I/we understand that our child/dependent, will be the responsibility of the Scandia United Soccer Academy and their Staff, while traveling throughout this Journey.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Player Name _____ Date _____

Player Signature _____ Date _____

Health/Medical Evaluation

Name _____ Birthdate _____

- An annual physical/medical evaluation by a physician shall support the permission to participate. If a physical has been performed during the previous 12 months, the physician can provide the necessary documentation or sign this document. A special physical is not required, nor necessary.

Has the player/participant had a physical within the last 12 months? _____

Has your child been prohibited from strenuous activities? _____

Does your child have any limitations to strenuous activities? _____

Does your child require any prescription medications? _____

Does your child have any dietary requirements? _____

Has your child had a concussion or head injury over the past 12 months? _____

*please provide a physician's statement pertaining to any limitations

Are your child's immunizations current, including tetanus? _____

Does your child have any special needs or have chronic conditions, such as asthma, allergies, diabetes, etc., that our Staff needs to be aware of? _____

Permission to participate: My child has permission to participate in all activities planned for this Journey. I/we acknowledge that the possibility of physical injury may occur while participating in soccer activities and during travel. I/we release, discharge and/or otherwise indemnify Scandia United Soccer Academy (SUSA) and their Staff, including the owners of the fields and facilities utilized for the use by SUSA, against any claim by or on behalf of the player as a result of the player's participation in the SUSA program. I/we also certify that the aforementioned child is covered by primary health insurance for all injuries that may result from the SUSA activities.

Consent for Medical Treatment: As the parent/guardian of the aforementioned player, I/we hereby give consent for emergency care prescribed by a duly licensed physician of medicine or a doctor of dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my/our child/dependent.

(Page 2 – Health/Medical Evaluation)

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Phone _____

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Physician's Signature _____ Date _____

Medical Insurance Provider _____

Medical Insurance Number _____