

EMERGENCY MEDICAL INFORMATION

Camp _____ Dates: _____

Camper's Name: _____ DOB _____ Age _____

Grade _____

Parent/Guardian Name(s): _____

Home Phone #:(_____) _____ Work#:(_____) _____ Cell#: (_____) _____

Address: _____
(Street) (City) (State) (Zip)

Emergency Contact: _____

Home Phone #:(_____) _____ Work#:(_____) _____ Cell#: (_____) _____

Health Information Statement

Check below any health conditions that relate to camper. In space below, please provide information relating to condition. This information is confidential.

Mental or emotional health issue
Lung disease (asthma, TB, etc.)
Chest pains or shortness of breath
Arthritis, diabetes, kidney or bladder disease
Impaired vision or hearing
Seizure disorder
Disease of heart or blood vessels
Impairment

High blood pressure
Hay fever or allergies
Recent surgeries, accidents or injuries
Stomach or intestinal trouble (ulcers, etc.)
Food allergies
Significant orthopedic and/or neuromuscular

Explanation: _____

Please Note: All medications that accompany camper to camp must be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medications should be listed below:

Allergies to what medicines? _____

Current prescription/non-prescription medicines: _____

Name	Dose	Times
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Name	Dose	Times
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Special instructions for handling of medicines: _____

Family Doctor _____ Phone #:(_____) _____

Health Insurance nProvider _____ Policy _____

As parent/guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if the camp is unable to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that in case of an emergency, my health insurance will be the primary coverage for any expenses incurred. USA carries accident insurance that is secondary coverage.

Signature : _____ Date: _____

This form must be received by the University prior to your child's participation in the camp. You may mail the form to:

**Amy Hendrichovsky
Univ. of South Alabama Volleyball
6001 USA South Drive
Mobile, AL 36688**

WAIVER, RELEASE AND INDEMNITY AGREEMENT

To be completed by all participants. If participant is under 19 years of age, both participant and guardian must complete this release. Participant and guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

Participant, _____, and guardian understand that participant is enrolling and participating in _____, which is sponsored by _____. Participant and guardian understand that participation in this event is voluntary and that this event is not sponsored by the University of South Alabama.

Participant further understands that he or she is participating at his/her own expense. In consideration of the University of South Alabama permitting this event on its campus and thereby agreeing to give access to its campus for this event, participant and guardian, in full recognition and appreciation of any and all risks, hazards, or dangers inherent in this activity, including, but not limited to, the physical risks associated with participation in this event, to which participant may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such event.

Participant and guardian understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property resulting from participants enrolling and participating in the above-listed event.

Participant and guardian do for themselves, their heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation in this event and which may result from causes beyond the control of, or without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

Participant and guardian attest that participant is physically fit and has sufficiently trained for participation in this activity, and that participant's physical condition has been verified by a licensed physician.

IN WITNESS WHEREOF, participant and guardian (if applicable) have caused this release to be signed this _____ day of _____, 20____.

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS

SIGNATURE OF GUARDIAN (if applicable)

PRINTED NAME OF GUARDIAN

Telephone number of guardian: _____ or

Name and telephone number of next of kin: _____

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Amy Hendrichovsky
Univ. of South Alabama Volleyball
6001 USA South Drive
Mobile, AL 36688

Medical Waiver and Consent Form

As the parent or legal guardian of the minor child named below, I hereby give my full consent and approval for my child to participate in the sports activity listed below.

- I understand there are certain risks of injury inherent in the practice and play of all sporting activities, 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 sporting activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in the sporting activities associated with this camp, except for those 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 owner, representatives, coaches, supervisors and sponsors for any injury that may be suffered by my child in normal course of participation in the designated sport activities and any incidental activities associated with the sport activity, whether the result of negligence or any other cause.

(Name of Child)

(Date of Birth)

(Street Address) (City) (State) (Zip)

Please list any physical limitations (allergies, hearing, sight, etc.) _____

(Parent / Legal Guardian Signature)

(Date)

Name of Sponsoring Organization / Camp Sport