

**Army Summer Sports Camps
Health and Waiver Form
3 COPIES REQUIRED**

Camp Attending
Sport: _____ Sess. Date: _____
Sport: _____ Sess. Date: _____

General Information:

Camper Name: _____ SSN: _____ Sex: M F

Date of Birth: _____ Age (when attending camp): _____

Parent/ Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Allergies: _____ Last Tetanus Shot (mo/yr): _____

If parent/ guardian is not available in an emergency, notify:

Name: _____ Relation: _____ Phone: _____

Insurance Information:

Camper Health Insurance Company Name and Policy #: _____

I, authorize the agents of the above listed camp(s) to request emergency medical treatment for my dependent camper. Initials _____

I understand that emergency medical treatment may be provided at Keller Army Community Hospital at West Point. I understand that if I am not a military service member, emergency care will be provided on a temporary basis and that my child will be transferred to a civilian treatment facility if appropriate. Initials _____

I understand that Keller Army Community Hospital will file a claim with the insurance carrier providing accident coverage to the West Point Sports Camp. If I should receive payment for such claim, I will immediately forward the entire sum to Keller Army community Hospital, Attention: Business Office, West Point, NY 10996. Initials _____

I understand that any amounts remaining unpaid after settlement of a claim are my responsibility. I agree to remit the unpaid balance immediately to the Hospital Business Office. Initials _____

I understand that I am fully responsible for payment of charges related to medical treatment provided to my dependent camper that is required for any reason other than accidental injury. Initials _____

I hereby authorize the release of medical information for the purpose of determining third party and for obtaining additional medical care as required to safeguard the health of my child. Initials _____

Waiver and Release of Liability:

I, the undersigned, know that participation in Army Athletic Association Summer Sports Camps is potentially hazardous to the health of the camper. In choosing to attend Army Athletic Association Summer Sports Camps, I fully accept and assume all risks whether before, during or after completion of camps. These include without limitation, risk of physical injury, mental injury, emotional distress, trauma, death, contact with other participants, the effects of weather including extreme temperature conditions. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks.

Knowing these facts and in consideration of my admission and participation in Army Athletic Association Summer Sports Camps, I, acting as parent or legal guardian, release, waive, discharge covenant not to use and agree to hold the Superintendent, West Point, New York, United States Military Academy, Department of the Army, Army Athletic Association, its officials, emergency and support people, employees and representatives harmless from any claims, demands and actions of any kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to participation in Army Athletic Association Summer Sports Camps. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, damage or loss to my person or property which may be (a) caused by an act or failure to act, by the above identified persons and entities or (b) sustained by my child before, during or after the camp.

Parent/ Guardian Name: _____ Physician Name: _____

Signature: _____

Date: _____

Military Only: Sponsor Branch of Service: _____

Active Duty/ Retired Sponsor's SSN: _____ Child's Family Member Prefix: _____