

I, _____, Parent or Guardian of _____
(Name of Parent or Guardian) *(Name of Child)*

desire for my child to participate in Sports Camp at Clarion University on

(Dates)

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designed activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow him/her to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Clarion University Foundation, Inc., Clarion University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania and the employees, officials or agents of any and all of the foregoing, pursuant or pertaining or related to, or arising from, in any manner, injuries to my child as a result of his/her participation in this activity.

By my signature below, I certify that I completely understand this document.

Signature of Parent of Guardian

Date

Witness

Date



Summer Sports Camp
Medical Information

Name of Athlete _____ Telephone () _____

Please check camp(s) you plan to attend (M: men, W: women, I: individual, T: team)

- Baseball, Basketball: MI, MT, WI, WT, Cross Country, Diving, Football: Kids, H.S., Youth, Soccer: Day, Venango, Soccer: Team, Elite, Pitcher, Hitter, Swimming, Tennis: Day, Tennis/Swim, Tennis Tourney, Volleyball: I, Def., Set., Hit., Volleyball: T, Fund., Tex 1, Tex 2, F/S 1, 2, Wrestling: F/S 2, Other

Date(s) Attending Camp: From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___

COMPLETE ALL SECTIONS

Please print

1. Home Address _____ Social Security No. _____
City _____ Date of Birth _____
State _____ Zip _____

2. Father/Guardian _____ Mother/Guardian _____
Address _____ Address _____
Social Security No. _____ Social Security No. _____
Telephone () _____ Telephone () _____
Employer _____ Employer _____
Telephone () _____ Telephone () _____

Please indicate another person that is likely to know where you can be contacted:

Name _____ Relationship _____ Telephone () _____

If you plan to be away from home the week your son/daughter is in camp, please indicate times and procedure that you may be contacted. _____

FEES FOR MEDICAL TREATMENT INCURRED BY YOUR SON/DAUGHTER WHILE AT CAMP WILL BE THE RESPONSIBLE OF THE PARENT/GUARDIAN. AN INSURANCE POLICY WILL NOT BE INCLUDED IN THE CAMP FEES. IF YOUR SON/ DAUGHTER SHOULD REQUIRE MEDICAL TREATMENT WHILE AT CAMP, AND YOU WISH THE COST FOR TREATMENT TO BE COVERED UNDER YOUR MEDICAL INSURANCE PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION.

3. Basic Medical _____ Major Medical _____
Company or Plan _____ Company or Plan _____
Address _____ Address _____
Telephone () _____ Telephone () _____
Policy Number _____ Policy Number _____
Group Number _____ Group Number _____

Is the athlete on any medication of any kind? Yes No

If YES, please list medication(s), reason for taking, and any special instructions

Drug Allergies or Sensitivities _____

Other Allergies _____

Does the athlete require special medical needs? Yes No

If YES, please explain: _____

Please read BOTH statements below and sign the ONE of your choice! DO

NOT SIGN MORE THAN ONE!

Both parents/guardian should sign one of the following sections. If one of the parents is unavailable, the signature of the available parent is sufficient. However, if the parents are divorced, only the parent having custody of the athlete should sign. If the athlete has a legal guardian(s), the guardian(s) should sign.

1. If my son/daughter needs medical attention while at summer sports camp at Clarion University, it is my wish that I be contacted before any medical procedures are performed, unless immediate emergency treatment is necessary to save my son/daughter's life, or to prevent permanent debilitating injury.

Parent(s)/Guardian(s) _____ Date ____ / ____ / ____

2. If my son/daughter needs medical attention while at summer sports camp at Clarion University, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedures that the attending physician believes to be appropriate, with the understanding that efforts will continue to be made to contact me. I also accept responsibility for all costs related to such treatment.

*Exceptions. If there are any medical procedures that you do not want performed until you are contacted, please list them in the space provided. Otherwise, write "none". _____

Parent(s)/Guardian(s) _____ Date ____ / ____ / ____

If the athlete is 18 years of age, he/she must also sign this agreement

_____ Date ____ / ____ / ____