

2017 DUQUESNE ELITE CAMP

GRADES 7-12 • Sun., June 18 at A.J. Palumbo Center • 2:00 p.m. start/check-in
\$25 fee includes, Instruction • T-Shirt • Meal

Camp Application

High School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____

Coach: _____

Coach Phone: _____ Coach Email: _____

Medical Information

Student-Athlete Name: _____

Emergency Phone: _____

Allergic Reactions: _____

Medications Currently Taking: _____

Check if known to have any of the following conditions:

Diabetes _____ Epilepsy _____ Hemophilia _____ Heart Condition _____

Past illness or other information that would be useful in the event treatment is necessary:

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the 2017 Duquesne University Team Shootout being held at Duquesne University (collectively referred to as "University") following date: June 14, 2017.

In consideration for being allowed to participate in said activity, I hereby release, waive and discharge UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine.

I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my participation in said activity any way whether caused by UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to performance of surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Signature of Parent or Guardian

Date

In accordance with NCAA guidelines, all Duquesne University Sports Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participants