

PLEASE PRINT IN INK

Name: _____

Sports Camp: _____

Date of Birth: ____/____/____

Athlete's Sex: Male ____ Female ____

Permanent Address:

Home Phone: (____)_____

Cell Phone: (____)_____

Other Phone: (____)_____

Name of Medical Insurance: _____

Insurance in Name of: _____ Date of Birth: ____/____/____

Insurance ID#: _____

Group Name/#: _____

Emergency Contact Information

Name _____

Relationship _____

Address

Home Phone: (____)_____

Cell Phone: (____)_____

Work Phone: (____)_____

Do you have any injury or illness that will impact full participation in this sports camp?..... Yes ____ No ____

If "Yes", please explain: _____

Are you diabetic or have any other medical alerts that we need to be aware about?..... Yes ____ No ____

If "Yes", please explain: _____

Are you presently taking any medications?..... Yes ____ No ____

If "Yes", please explain: _____

The above answers are correct to the best of my knowledge. I understand that Louisiana Tech University is not financially responsible for any and all injuries.

I hereby give my consent to the summer camp medical staff to perform emergency and first aid treatment to my son/daughter. I further understand that there are **risks of injury or death arising from my participation in sports** and that even though proper coaching techniques are used, rules are adhered to, and protective equipment is used, the possibility of an accident still exists. To decrease the risk of injury, **I understand that equipment must be worn properly and that I must agree to do so.** However, I acknowledge that proper use of equipment, proper training, and adherence to the rules may not prevent all risks of injury and I assume those risks.

In consideration of my being permitted to participate in the Summer Camp, I hereby release Louisiana Tech, its Trustees, employees, and agents, together with all persons assisting with any phase to the program, from all liability and responsibility for any loss or indemnity and hold harmless aid parties from all claims hereafter made by me or on my behalf by my parents, guardians, heirs, executor, or assigns.

I have read and understand the above contents and releases.

Athlete's Signature

Date

Parent/Guardian Signature

Date