

**PLEASE MAIL! SEND WITH REGISTRATION!**

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**MIAMI UNIVERSITY  
Oxford, Ohio**

*Please fill out this form **COMPLETELY**. It is important for the provision of proper medical care. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants in almost every instance or with older participants with more serious problems, the athletic trainer or physician will try to contact the parents to inform them of the problem and discuss the treatment. Occasionally, we are unable to reach parents immediately to inform them of a serious problem. The parent's signature on the medical treatment authorization below allows us to go ahead with treatment in these circumstances.*

**2009 Miami Softball Summer Camp (which date is your child attending?)** \_\_\_\_\_

**I. PERSONAL INFORMATION (please print)**

Social Security # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Home Address: \_\_\_\_\_  
No. Street City State Zip Code

Home phone: (\_\_\_\_) \_\_\_\_\_ Parent Cell phone: (\_\_\_\_) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
(name of parent or next of kin) (relationship)

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Office phone: (\_\_\_\_) \_\_\_\_\_

Alternate Contact Information: (name/relationship) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Office phone: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. BACKGROUND**

Please provide any pertinent information regarding your child's current health, past medical history, and/or medications taken, that may help us better coach your child and which can assist medical staff should an emergency occur.  
(for example: allergies, allergies to medications, ADD, asthma, head injuries, fractures, epilepsy, learning disorders, etc.)

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Please list any medications being taken and include dose & frequency.

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**III. INSURANCE INFORMATION** (Participant **MUST** be covered by a health insurance policy.)

**Primary Insurance**

**Secondary Insurance**

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ins. Company phone: \_\_\_\_\_

Ins. Company phone: \_\_\_\_\_

Med. Ins. Policy Number: \_\_\_\_\_

Med. Ins. Policy Number: \_\_\_\_\_

Med. Ins. Group #: \_\_\_\_\_

Med. Ins. Group #: \_\_\_\_\_

Name of person insured: \_\_\_\_\_

Name of person insured: \_\_\_\_\_

DOB of insured: \_\_\_\_\_

DOB of insured: \_\_\_\_\_

SS# of insured: \_\_\_\_\_

SS# of insured: \_\_\_\_\_

Employer of insured: \_\_\_\_\_

Employer of insured: \_\_\_\_\_

**IV. MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE**

I, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend the Miami University summer activity and fully participate in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize Miami University and/or McCullough-Hyde Hospital to provide the medical treatment they deem necessary. I hereby release Miami University, the treating physician and the treating hospital and their agents, employees, and representatives from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity, program, or workshop there is a possibility of physical illness and/or serious injury. My son/daughter and I hereby assume all risk of such illness and injury. I further authorize the program staff to administer non-prescription analgesics for minor medical problems such as headaches, etc.

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**Parent/Guardian Signature**

**relationship**

**Date**