



**OHIO UNIVERSITY SPORTS CAMP
MEDICAL FORM FOR ATHLETIC PARTICIPATION**

Camp Attending: _____ **Dates:** _____

Note: This form must be presented prior to or at the time of camp registration or camper will not be permitted to participate. We are NOT requiring that each camper be examined by a physician.

Please print

SCHOOL NAME _____
CAMPER'S NAME _____ AGE _____ GRADE _____ DATE OF BIRTH _____
ADDRESS _____ HOME PHONE (____) _____
CITY _____ STATE _____ ZIP _____
PARENT'S NAME _____ BUSINESS PHONE (____) _____
NAME OF INSURANCE CO. _____
POLICY HOLDER'S NAME _____ SOCIAL SECURITY# _____
ID# _____ PLAN CODE # _____
PARENT'S EMPLOYER _____

PLEASE NOTE: Each camper must be covered by his or her own medical insurance.

1) List any major injuries in the past year pertinent to participation in competitive sports. (Use the back of this sheet if more space is needed) _____

2) Date of last tetanus shot _____

3) List known allergies _____

4) Check any known of the following conditions:
 DIABETES HEMOPHILIA EPILEPSY HEART CONDITION ASTHMA

5) Please list any chronic disease. _____

6) If any camper is under a physician's care, please list the name, address and phone number of the physician and what the camper is being treated for. Also list any medication the camper will be taking during his/her stay at camp. (list also the strength and dosage of the medication.) Use the back of this sheet for additional space. _____

Assumption of Risk and Waiver

I acknowledge that there are certain dangers and risks to participating in Ohio Sports Camps, including serious injury and death. I hereby assume all of the risks of participating in Ohio Sports Camps. I certify that I am physically fit, have sufficiently trained for participation in the sport of _____ and that there are no limits to my participation in the sport of _____ except as stated in writing and included with this form. I agree that I will waive, release and discharge Ohio University, its trustees, directors, employees, students, volunteers, representatives and agents from any and all liability for my death, injury or harm of any kind which may occur to me in relation to my participation in the Ohio Sports Camps. I further agree that to indemnify and hold harmless Ohio University, its trustees, directors, employees, students, volunteers, representatives and agents from liability for the injury or death of any persons(s) and damage to property that may result from my negligent or intentional act or omission while participating in the Ohio Sports Camps. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

Participant's Signature _____ Printed Name _____ Date _____

Parent's Signature (if Participant under 18) _____ Printed Name _____ Date _____

Please return both copies at registration or by mail to: Ohio Sports Camps, Ohio University, PO Box 689, Athens, Ohio 45701