

FINEGAN SPORTS CAMP, LLC

HEALTH FORM

ALL INFORMATION MUST BE COMPLETE PRIOR TO PARTICIPATION AT CAMP

PLEASE RETURN FORM TO: Michelle Finegan/Athletics
Attn: HEALTH FORM/Waiver
P. O. Box 384
Mechanicsville, PA 18934-0384

CAMP NAME Field Hockey – Residential Session DATE OF CAMP(S) July 19-22, 2007

NAME OF CAMPER _____ AGE _____
DATE OF BIRTH _____ SS# _____
MOTHER'S NAME _____ FATHER'S NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME TELEPHONE _____ EMERGENCY CELL PHONE _____
MOTHER'S WORK# _____ FATHER'S WORK# _____
NAME OF CONTACT PERSON (OTHER THAN PARENT) _____
TELEPHONE # _____ RELATIONSHIP TO CAMPER _____

LIST ANY **MEDICATION, FOOD, OR ENVIRONMENTAL ALLERGIES:**

LIST ANY MEDICATION BEING TAKEN. **PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION.**

LIST ANY ORTHOPEDIC INJURIES **WITHIN THE PAST YEAR** AND DESCRIBE NATURE & SEVERITY OF THE INJURY. PLEASE GIVE DATE OF INJURY WITH SIDE AND A BRIEF EXPLANATION:

FAMILY PHYSICIAN _____ PHYSICIAN'S TELEPHONE _____

PHYSICIAN'S ADDRESS _____

DATE OF LAST PHYSICAL EXAM (**MUST BE WITHIN THE PAST YEAR**) _____

DATE OF LAST TETANUS BOOSTER _____

HEALTH INSURANCE COMPANY _____

HEALTH INSURANCE ADDRESS _____

HEALTH INSURANCE GROUP AND POLICY NUMBERS _____

NAME OF PERSON WHO IS PRIMARY HOLDER _____

FATHER'S SS# _____ MOTHER'S SS# _____

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY MEDICAL BILLS INCURRED BY MY CHILD WHILE AT CAMP. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY TREATMENT BY THE APPROPRIATE MEDICAL PERSONNEL.

IN CONSIDERATION OF THE USE OF THE PREMISES OR FACILITIES OWNED BY SAINT JOSEPH'S UNIVERSITY AND/OR IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THE ABOVE LISTED ACTIVITY, ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS, I HEREBY RELEASE AND FOREVER DISCHARGE SAINT JOSEPH'S UNIVERSITY, ITS AGENTS, SERVANTS, AND EMPLOYEES OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTIONS, SUITS, DAMAGES, CLAIMS AND DEMANDS, ON ACCOUNT OF PERSONAL INJURY, INCLUDING DEATH, OR ANY CAUSE WHATSOEVER, WHICH I MAY HAVE AGAINST THEM BY REASON OF OR ARISING OUT OF PARTICIPATION IN THE ABOVE LISTED ACTIVITY.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

PLEASE CONTINUE ON THE REVERSE SIDE AND COMPLETE

Waiver, Release, Indemnification and Hold Harmless Agreement

In consideration for the Attendee being permitted to participate in the Finegan Sports Camp from July 19 - 22, 2007 and related "Field Hockey Camp Activities", I do waive and release forever Finegan Sports Camps, LLC, the camp employees, agents and Camp Director, Michelle Finegan, and Saint Joseph's University, its trustees, officers, agents, and employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown, deflected or hit balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Saint Joseph's University and that Camp Director, Michelle Finegan, is providing this Camp outside the scope of her employment with the University. I hereby agree for myself and Attendee to release, hold harmless, and indemnify Finegan Sports Camp, LLC and Saint Joseph's University, its trustees, its officers, employees and agents, from any and all claims and liability arising out of the Activity as described above.

Printed Name of Attendee: _____

Signature of Attendee: _____

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required.

Signature of Parent or Guardian: _____

Address & Telephone Number: _____