

# Central College Athletics Camps Release

Name of participant (*print full legal name*) \_\_\_\_\_

Birth date \_\_\_\_\_

Camp attending \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Emergency phone number \_\_\_\_\_

## Release and Medical Authorization

This release and the treatment authorization must be signed by a parent or guardian if participant is under 18 years old. Participants who are 18 years old or who will become 18 years old before the end of the camp/clinic must also sign. In order to participate in camp activities, we must have this signed form returned prior to the camp's start date.

## Physician's Authorization to Participate

*(School physical form may be substituted if valid within one year of the starting date of camp.)*

This is to certify that the participant was examined by me on \_\_\_\_\_ (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports.

Allergies/drug sensitivities \_\_\_\_\_

Other medical problems/current medications \_\_\_\_\_

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use?

\_\_\_ Yes \_\_\_ No

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Office phone \_\_\_\_\_

## Release of Liability to Participate

In consideration of the Central College \_\_\_\_\_ Camp granting participant permission to participate in the Central College \_\_\_\_\_ Camp, I hereby assume all risks of his or her personal injury (including death) that may result from any Central College \_\_\_\_\_ Camp activity. As either participant or parent/guardian, I do hereby release the Board of Trustees of Central College, Central College, the Central College \_\_\_\_\_ Camp and their officers, employees and agents from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from participant taking part in the Central College \_\_\_\_\_ Camp activities.

Parent's/guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

**Medical and Surgical Authorization**

In addition, I hereby authorize and give my consent to the health authorities of Central College or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to any hospitals and clinics involved.

Parent's/guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with participant's attendance at this camp. (Each camper must provide his/her own medical insurance.)

**Insurance Information (please print)**

Name (if insured) \_\_\_\_\_

Policy holder \_\_\_\_\_

Insurance company \_\_\_\_\_

Insurance company address \_\_\_\_\_

Policy number \_\_\_\_\_

Does your insurance carrier require prior approval?  Yes  No

This form must be on file for you to participate in any of the Central College Athletics Camp programs. A copy of a current physical (within one year) may serve as the physician's authorization portion of this form. Please contact the camp office for any questions concerning the information in this document.

Please return to:

**Central College** \_\_\_\_\_ **Camp**

**Central College**

**Campus Box 6600**

**Pella, IA 50219**

