

**CUA FIELD HOCKEY CLINIC AGREEMENT
AT THE CATHOLIC UNIVERSITY OF AMERICA**

This Agreement is executed by _____ (“Participant”) and, if Participant is under eighteen (18) years of age, by Participant’s Parent or Legal Guardian

_____ (collectively, the “Undersigned”). CUA Field Hockey Clinic (“Camp”) will occur from April 16, 2016 at The Catholic University of America (“University”). In consideration for participation in this voluntary Camp, Undersigned agrees to the following:

ASSUMPTION OF RISK: Undersigned has reviewed Camp information and understands that there are risks associated with participating in this Camp. Undersigned understands that Participants will be staying in dormitories on a college campus in an urban area and will have limited supervision. Undersigned also understands that Participant will be leaving the University campus during this Camp for activities elsewhere in the Washington metropolitan area. Undersigned is aware that risks include, but are not limited to, suffering minor, serious, and catastrophic physical and emotional injuries.

Undersigned understands that there are risks associated with participation in the Camp, travel associated with the Camp, and leaving the University campus and Undersigned voluntarily assumes such risks. (Please initial: ___/___)

RELEASE AND INDEMNITY: Undersigned knowingly releases, waives, defends, and forever discharges the University, its agents, employees, officers, and trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to participation in the Camp and any travel associated with the Camp, including any activities Participant may engage in during free time, unless it is due to gross negligence or willful misconduct on the part of the University. (Please initial: ___/___)

MEDICAL ACKNOWLEDGEMENT AND CONSENT: Undersigned has consulted with a medical doctor. Participant does not have a physical or medical condition that would interfere with the ability to participate in this Camp or that would endanger Participant’s health or the health or safety of others.

In case of sudden illness or accident, Undersigned authorizes the University to arrange for Participant to be taken to a medical care facility to receive medical treatment. Undersigned also authorizes and gives consent for licensed health professionals to perform or administer any reasonable, necessary surgical or medical treatment. Undersigned is responsible for any and all medical expenses, including for transportation. (Please initial: ___/___)

This Agreement contains the release of legal rights and claims. Please read and consider carefully before signing. Undersigned has read and understood the above provisions and voluntarily agree to be bound by them.

Participant:

Parent or Legal Guardian:

(Necessary if Participant is under 18 years of age)

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Medical Insurance Information

Participant's Full Name

Participant's Date of Birth

Insurance Subscriber's Full Name

Subscriber's Relationship to Participant

Insurance Company Name

Group and Policy Number

Emergency Contact Information

Contact #1

Name _____

Phone _____

Email Address _____

Contact #2

Name _____

Phone _____

Email Address _____

Health Information Form

Please provide any health related information that you believe the Camp may need to know so that the Camp Participant's experience is positive and safe. This form must be returned by the first day of the Camp.

Please also note that there are no medical care facilities on the University's campus over the summer. Medical care, if required, will be provided by the regional emergency medical services system.

Participant's Full Name: _____

Date of Birth: _____ Male Female

Does the Participant currently have any:

Drug allergies: No Yes, _____

Food allergies: No Yes, _____

Other allergies: No Yes, _____

List any current medications that the Participant will be bringing:

None Yes, _____

List any other health problems the Camp should be aware of:

None Yes, _____

NOTE: If there is another condition or information not listed on this form that may require an accommodation for a disability, please note this below:

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize The Catholic University of America and those acting pursuant to its authority (“University”) to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and
- (b) Use my name in connection with these recordings; and
- (c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

_____ City State Zip

Phone: _____

Participant:

Parent or Legal Guardian:

(Necessary if Participant is under 18 years of age)

Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____

CATHOLIC UNIVERSITY OF AMERICA CAMP RULES AND REGULATIONS

The following rules have been established to provide a safe and enjoyable environment for everyone.

1. Participant Conduct

Participant is required to abide by the standards expected of Catholic University students and follow all applicable policies of the University (<http://policies.cua.edu>) and any applicable District of Columbia or federal law or regulation. Participant is also expected to make choices that preserve a safe and secure environment, to practice responsible citizenship and to respect the rights of others, and to be responsible for her/his own actions.

Participant is also required to follow all directions issued by Camp staff and any other University official. Participant staying overnight in residence halls must also follow the Catholic University Summer Housing Rules.

2. Prohibited Items and Conduct

Smoking, the use of alcohol and other drugs, weapons, gambling, or fireworks/explosives is prohibited. Participants may also not use the fitness center.

Participant is also prohibited from engaging in dangerous conduct (including the use of dangerous items), disorderly conduct, dishonest behavior, or the harassment of other individuals. Participant may not interfere with fire safety or fire safety equipment.

3. Attendance

Attendance at all Camp activities is mandatory. A pattern of tardiness and absences can result in dismissal from the Camp. Participants must dress appropriately at all times while at Camp.

4. Curfew (for Participant staying overnight on campus)

Participant must be in the residence hall by 11:00 p.m. on weeknights and 12 midnight on Friday and Saturday nights. Students are to remain in their rooms between the hours of 11:00pm and 7:00am on weeknights, and 12 midnight and 7:00 a.m. on Friday and Saturday nights. Counselors will make room checks at the designated curfew hours. Anyone who is absent from room check, or who subsequently leaves, is subject to dismissal from the Camp at Participant's expense.

5. Pick-Up and Drop-Off (for Participant not staying overnight)

Participant must be dropped-off and picked-up at the same location each day. If another adult will be picking up a Participant, the parent or guardian must complete an authorization form when the Participant is dropped off in the morning.

6. Leaving Campus

Except for Camp sanctioned field trips, Participant is prohibited from leaving the University campus without express consent of a parent, legal guardian, or camp official.

7. Property

Participant may not damage, misuse, or deface any University property. Participant (or Participant's legal guardian if under 18 years of age) agrees to reimburse the University for the full cost, up to and including replacement, of any damaged, misused, or defaced University property.

Participants are responsible for their own money and personal items. The University is not responsible for lost or stolen items.

8. Payments

Participant (or Participant's legal guardian if under 18 years of age) agrees to pay the University all Camp fees and other costs (such as reimbursement for damaged University property) within thirty (30) days of notification from the University.

University staff, in their sole discretion, determine whether a Camp rule was violated. In the event of a violation, Participant is subject to dismissal from the Camp without refund at Participant's expense. If this occurs and Participant is under eighteen (18) years of age, Participant's parent or legal guardian agrees to immediately pick up Participant upon notification.

I/We have read the Camp Rules and Regulations and agree to abide and be bound by them.

Participant:

Parent or Legal Guardian:

(Necessary if Licensee is under 18 years of age)

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____