

BOARD OF TRUSTEES OF ILLINOIS STATE UNIVERSITY
Camps / Clinics Emergency Health Information & Parental Authorization/Waiver/Release
 (please PRINT or type in BLACK ink)

Participant's Name _____ Date of Birth _____
 Address _____
 Phone #1 _____ Email Address _____
 Mother's Name _____ Mother's Day Phone _____
 Mother's Evening Phone _____
 Father's Name _____ Father's Day Phone _____
 Father's Evening Phone _____
 Emergency Contact's Name _____ Relationship _____ Phone _____
 Medical Insurance Co. _____ Policy # _____
 Date of Most Recent Tetanus Immunization? _____
 Medical Conditions (e.g. allergies, diabetes, asthma, epilepsy, disabilities, etc.) _____
 Current Medications _____

Parent's Authorization:
 I, the parent / guardian of _____, certify that my son / daughter is in good health and fit to participate in a private sports camp / clinic hosted at Illinois State University.
 He / She has undergone a physical by a physician within the past year (date: _____), and was given a physician's permission to participate in sports related activity.
 Signed _____ Date _____ Relationship _____

In consideration of the camp/clinic granting the aforementioned individual permission to participate in the camp/clinic hosted at Illinois State University, I hereby recognize and acknowledge that there are certain risks of physical injury to participants in the camp/clinic activities, and I hereby assume all risks of camp/clinic activity (including property loss or damage and death) that may result from any activity (including residence hall and/or dining hall activities) while my son/daughter is enrolled as a participant. As parent/guardian, I do hereby release, indemnify, defend, and hold harmless the State of Illinois, the Board of Trustees of Illinois State University, its Athletics Department, the sports camp/clinic in which my son / daughter is enrolled, and Illinois State University's officers, employees, agents, and assigns, from any and all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from the participant taking part in sports camp/clinic activities.

I certify that within the past year, the aforementioned participant has had a physical examination by a licensed physician, and that he/she is physically able to participate in the sports camp / clinic activities.

The camps/clinic program has adopted the following procedures for caring for your son/daughter in the event that he/she becomes sick or injured while attending the aforementioned camp/clinic: 1) A representative from the camp/clinic will call the home telephone number listed. If there is no answer, 2) A representative will call the mother's, father's, and/or guardian's day and evening phone numbers as listed. If there is no answer, 3) A representative will call the emergency contact. 4) If none of the above answer, a representative will call an ambulance, if necessary, to transport your son/daughter to an appropriate medical facility. 5) Camp/clinic representatives will continue to call all listed numbers until one is reached. A message may also be left on an answering machine. 6) Based upon the medical judgment of the attending physician, your son/daughter may be admitted to a local medical facility. By signing below, you are giving permission for representative(s) of camps/ clinic program to follow these procedures if your son/daughter becomes sick or injured while attending the aforementioned camp/clinic.

In the event of an injury, illness, and/or accident involving my son/daughter, I hereby give my consent for medical treatment and permission to a certified athletic trainer and/or his/her designee to supervise on-site first aid, to the appropriate camp/clinic personnel to properly transport my son/daughter to an appropriate medical facility for care, and to a licensed physician to hospitalize and secure proper treatment (including injections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my son/daughter. **I agree to assume any and all costs related to such treatment.** I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the aforementioned camp / clinic.

I understand that I am responsible for any and all medical and/or other charges related to the aforementioned participant's attendance and participation in the camps/clinics program. I also understand that registration is not considered complete until this completed and signed form is on file.

 Parent / Guardian Signature _____
 Date