

EMERGENCY MEDICAL INFORMATION

Camp _____ Dates: _____
Camper's Name: _____ DOB _____ Age _____ Grade _____
Parent/Guardian Name(s): _____
Home Phone #:(____) _____ Work Phone#:(____) _____ Cell #(____) _____
Address _____
(Street) (City) (State) (AL)

Emergency Contact: _____
Home Phone #:(____) _____ Work Phone#:(____) _____ Cell #(____) _____

Health Information Statement

Check below any health conditions that relate to camper. In space below, please provide information relating to condition. This information is confidential.

- Mental or emotional health issue
- Lung disease (asthma, TB, etc.)
- Chest pains or shortness of breath
- Arthritis, diabetes, kidney or bladder disease
- Impaired vision or hearing
- Seizure disorder
- Disease of heart or blood vessels
- High blood pressure
- Hay fever or allergies
- Recent surgeries, accidents or injuries
- Stomach or intestinal trouble (ulcers, etc.)
- Food allergies
- Significant orthopedic and/or neuromuscular Impairment

Explanation: _____

Please Note: All medications that accompany camper to camp must be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medications should be listed below:

Allergies to what medicines? _____

Current prescription/non-prescription medicines: _____

Name	Dose	Times
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Name	Dose	Times
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Special instructions for handling of medicines: _____

Family Doctor _____ Phone #: (____) _____

Health Insurance Provider _____ Policy # _____

As parent/guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if the camp is unable to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that in case of an emergency, my health insurance will be the primary coverage for any expenses incurred. USA carries accident insurance that is secondary coverage.

Signature : _____

Date: _____

This form must be received by the University prior to your child's participation in the camp. You may fax this form to (251)-460-6505, or you can mail the form to:

**Nicole Keshock Volleyball Camp
1206 MC
Mobile, AL 36688**

WAIVER, RELEASE AND INDEMNITY AGREEMENT

To be completed by all participants. If participant is under 19 years of age, both participant and guardian must complete this release. Participant and guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

Participant, _____, and guardian understand that participant is enrolling and participating in _____, which is sponsored by _____ . Participant and guardian understand that participation in this event is voluntary and that this event is not sponsored by the University of South Alabama.

Participant further understands that he or she is participating at his/her own expense. In consideration of the University of South Alabama permitting this event on its campus and thereby agreeing to give access to its campus for this event, participant and guardian, in full recognition and appreciation of any and all risks, hazards, or dangers inherent in this activity, including, but not limited to, the physical risks associated with participation in this event, to which participant may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such event. Participant and guardian understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property resulting from participants enrolling and participating in the above-listed event.

Participant and guardian do for themselves, their heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation in this event and which may result from causes beyond the control of, or without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

Participant and guardian attest that participant is physically fit and has sufficiently trained for participation in this activity, and that participant’s physical condition has been verified by a licensed physician.

IN WITNESS WHEREOF, participant and guardian (if applicable) have caused this release to be signed this _____ day of _____, 20____.

SIGNATURE OF PARTICIPANT SIGNATURE OF WITNESS

PRINTED NAME OF PARTICIPANT PRINTED NAME OF WITNESS

SIGNATURE OF GUARDIAN (if applicable)

PRINTED NAME OF GUARDIAN (if applicable)

Telephone number of guardian: _____ or

Name and telephone number of next of kin: _____

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1206 MC
Mobile, AL 36688**

RELEASE FROM LIABILITY

To be completed by a participant under 19 years of age and participant's parent or guardian. The participant and parent or guardian must sign in the presence of two (2) witnesses.

TO THE Nicole Keshock Volleyball CAMP:

I understand that my son/daughter has the opportunity to participate in the Nicole Keshock Volleyball Camp to be held at Jaguar Gym at the University of South Alabama.

I understand that travel to and from the Camp is my responsibility over which the University has no responsibility or control. In the event of inclement weather, camp staff may transport my child to an enclosed facility either on or off the University of South Alabama campus. Further, participation in the Camp is voluntary, and the undersigned are aware of, and agree to aid by the rules and regulations of the camp.

In consideration for the University of South permitting my child the opportunity to participate in this activity, I, in full recognition and appreciation of any risks, hazards or dangers inherent in this activity to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activity, with the full knowledge and understanding that transportation to and from the program is not the responsibility of the University of South Alabama. Further, I do myself agree to hold harmless and indemnify, release and further discharge the University of South Alabama, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in this activity including risks in physical activities that will include swimming under supervision of a lifeguard. My child is physically able to participate in such activities. I understand that the University of South Alabama and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed on day _____ of ,2011.

Parent/Guardian Signature Witness _____

Date Date _____

Camper Signature Witness _____

Date Date _____

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