

TO PARTICIPATE IN CAMP ACTIVITIES, WE MUST HAVE THIS FORM PRIOR TO REGISTRATION.

The University of Iowa Sports Camps

Camper _____ (Please print full legal name)
Birth Date _____ <input type="checkbox"/> M <input type="checkbox"/> F
Sport _____
Starting Session Dates _____

RELEASE AND MEDICAL AUTHORIZATION

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in camp activities, we must have this form. Otherwise, parent or guardian must be contacted prior to participation.

Physician's Authorization

This is to certify that _____ was examined

by me on _____ (valid if within one year of the camp) and that I found this individual to be physically able to participate in vigorous physical activity and competitive athletic sports. School physical form acceptable if valid within one year of the starting date of camp.

Date of last tetanus immunization _____

Allergies _____

Drug Sensitivities _____

Other Medical Problems/Current Medications: _____

What accommodations should be made to insure proper administration and storing of the medication?

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Yes No

Signed _____
Physician Signature

Address _____

Office Phone _____

Home Phone _____

RELEASE OF LIABILITY, MEDICAL AND MEDIA AUTHORIZATION

In consideration of being permitted to participate in The University of Iowa Sports Camps program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program; State of Iowa; and The University of Iowa, their employees, volunteers, or agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending The University of Iowa Sports Camp and during transportation to and from the Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omissions of The University of Iowa, its employees, volunteers, or agents in conjunction with this program.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical, emergency surgical, and non-emergency medical treatment that may be necessary in connection with the camper's participation in the University of Iowa Sports Camp Program. I understand that if medical treatment is necessary, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be solely responsible for any medical or other charges in connection with attendance at this Camp. Such charges include, but are not limited to, deductibles, co-pays, co-insurance, out of network, out of state restrictions and any and all costs not covered by health insurance. I authorize the disclosure of medical information to the insurance company listed below for the purpose of any claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above named camper for purposes of promotional materials or any other type of media produced and/or published by The University of Iowa to promote or publicize The University of Iowa or The University of Iowa Sports Camps Program.

X _____
Parent/Guardian Signature Date

X _____
Camper Signature Date

Name _____
Parent/Guardian (print/type)

Address _____

City _____ Insurance Company _____

State _____ ZIP _____ Insurance Co. Address _____

Emergency Phone _____

Cell Phone _____ Policy No. _____

Date _____ Policy Holder _____

Emergency Contact Name _____