

Winthrop University
Summer Academic/Sports Camp Medical Assumption of Risk, Release and Indemnification

PLEASE PRINT

Today's Date: _____

Camper's Full Name: _____ Camp Name and Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____ Weight: _____

Parents or Legal Guardian:

Mother: _____

Father: _____

Phone: _____

Phone: _____

Emergency Contact: _____
(if different from above)

Emergency Contact Phone(s): _____

Name of Health Care Provider/Group: _____ Phone #: _____

Health/Medical Insurance Company: _____ Policy #: _____

Please attach a copy of insurance card (front and back)

Allergies (include medications currently taking): _____

Reaction to above allergies (i.e. hives, anaphylaxis, diarrhea): _____

Current Medications (prescription or over the counter medications as well as their purpose and dosage):

List of Chronic Illnesses/Medical Conditions or Disabilities: _____

List any special accommodations needed for the above conditions from the camp? _____

Date of Last Tetanus Shot: _____

List recent immunizations, injuries or surgery: _____

Has the camper traveled outside of the United States within the past six months? Where, when and for how long? _____

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm the applicant is physically able to perform activities conducted at the camp and I hereby give my permission for such medical procedures as may be necessary to this camper by Winthrop University in the event of sickness or injury. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and behalf of the applicant, hereby releases Winthrop University and all other employees, volunteers or agents of the camp from any and all liability, from injury, illness, mental or physical, suffered by the camper during or related to camp, to also include transportation and personal property.

Camper's Signature: _____ Date: _____

Parent's (Legal Guardian) Signature: _____ Date: _____

Revised 4-5-04