

American Women's Basketball Camps

HEALTH FORM

- All information must be completed *prior* to participation at camp. A parent/guardian must provide all requested information, print the form, and a parent/guardian must sign the form. A doctor's signature is not required.
- The Health Form and the Waiver must both be mailed to the address indicated. Campers are STRONGLY encouraged to also bring a copy of both forms to check-in.
- PLEASE RETURN FORM TO:
American University Women's Basketball Attn: HEALTH FORM
4400 Massachusetts Ave NW, Washington, D.C. 20016
As well as bring a copy of the completed Health form to camp
- This is NOT a registration form for camp. You must also complete a separate camp application form to register for camp.

NAME OF CAMPER: _____

AGE of CAMPER _____ DATE OF BIRTH _____

MOTHER'S NAME _____

FATHER'S NAME _____

LIST ADULT(S) CAMPER IS AUTHORIZED TO BE RELEASED TO:

ADDRESS: _____

CITY _____ STATE _____

ZIP _____

EMAIL
ADDRESS: _____

HOME TELEPHONE: _____

EMERGENCY CELL PHONE: _____

MOTHER'S WORK#: _____

FATHER'S WORK#: _____

NAME OF ALTERNATE CONTACT PERSON (OTHER THAN PARENT):

TELEPHONE # OF ALTERNATE CONTACT: _____

RELATIONSHIP TO CAMPER OF ALTERNATE CONTACT: _____

LIST ANY **MEDICATION, FOOD, OR ENVIRONMENTAL ALLERGIES:**

LIST ANY MEDICATION BEING TAKEN. **PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION.**

LIST ANY ORTHOPEDIC INJURIES **WITHIN THE PAST YEAR** AND DESCRIBE NATURE & SEVERITY OF THE INJURY. PLEASE GIVE DATE OF INJURY WITH SIDE AND A BRIEF EXPLANATION:

FAMILY
PHYSICIAN: _____

PHYSICIAN'S
TELEPHONE: _____

PHYSICIAN'S ADDRESS :

DATE OF LAST PHYSICAL EXAM **(MUST BE WITHIN THE PAST YEAR)**:

DATE OF LAST TETANUS BOOSTER: _____

HEALTH INSURANCE
COMPANY: _____

HEALTH INSURANCE ADDRESS:

HEALTH INSURANCE GROUP AND POLICY NUMBERS:

NAME OF PERSON WHO IS PRIMARY HOLDER:

WITH MY SIGNATURE BELOW:

- I verify that all of the above information is accurate to the best of my knowledge.
- I authorize the American Women's Basketball Camp LLC athletic training staff to provide medical treatment for my child.
- I verify that my child may participate in any and all camp-related activities and events, and that my authorization does not conflict with any medical advice or concerns expressed by my child's physician.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

PLEASE ALSO COMPLETE THE INDEMNITY RELEASE & WAIVER

American Women's Basketball Camps LLC
INDEMNITY RELEASE AND WAIVER
(TO BE COMPLETED /SIGNED BY PARENT/GUARDIAN OF MINOR PARTICIPANTS PRIOR TO PARTICIPATION)

I am permitting my minor child to participate in the following Camp offered by the American Women's Basketball Camp LLC.

I hereby acknowledge that participation in the Camp may involve physical and recreational activities and that these activities may involve risks including, but not limited to, the following:

Physical exertion, such as: lifting, spotting, holding, catching other individuals; lifting equipment; running, quick movements; climbing; balancing; and stretching exercises.

Environmental hazards, such as: uneven, rough terrain; hot, exposed climate; unpredictable weather; unpredictable conditions (lightning, rain, etc.); unpredictable contact with plants, insects and other naturally occurring phenomenon, often of unknown variety or origin
Risks inherent to participation in sports and other recreational activities, such as: being hit or struck by equipment; rough, physical contact with other participants.

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries, illness, paralysis and even death are possible, on behalf of my minor child, I hereby expressly assume all such risks that could occur by reason of his/her participation in any activities and the use of facilities and equipment related to the Camp.

I hereby grant permission to the American Women's Basketball Camp LLC to videotape or photograph my minor child and to use and display such videotapes or photographs publicly (including on the University's website) for educational, promotional, or any other purposes in furtherance of the non-profit missions of the University. (_____ Initial)

I agree that, in exchange for and in consideration of the American Women's Basketball Camp LLC permitting my minor child to participate in the Camp, I hereby agree to **forever release**, American Women's Basketball Camp LLC, its trustees, officers, agents, and employees, from any cause of action, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my minor child's participation in any activities related to the Camp.

I further **covenant not to sue** and agree to **hold harmless and indemnify** the American Women's Basketball Camp LLC, its trustees, officers, agents and employees from any and all liability, causes of action, claims, demands, losses or costs of any kind and nature whatsoever (including attorneys' fees) arising out of or in any relating to my minor child's participation in any activities or his/her use of the facilities or equipment related to the Camp.

I understand that while participating in the Camp, my minor child must follow the instructions and directions provided by American Women's Basketball Camp LLC personnel and that he/she must abide by the policies of American Women's Basketball Camp LLC. Failure to follow instructions or directions may result in my minor child's immediate expulsion from the Camp.

I hereby authorize American Women's Basketball Camp LLC to act on my behalf in any medical emergency. (_____ Initial)

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have carefully read all of its provisions, and fully understand its significance.

Print Name of Minor Child: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____