

Camper Name: _____, _____

Last

First

Camp: _____

Camp Date: _____

University of South Alabama Lady Jag Basketball Camps Medical, Liability, and Photographic Release Form

Please complete this form and return it with your registration and payment. Your child will not be able to participate unless all forms are completed and returned to Lady Jag Basketball Camps, 5950 Old Shell Rd, RM 1208 MC, Mobile, Alabama 36688-0002.

Health Information-Please Print

Camper's DOB: Age: Grade: School:
Parent/Guardian Name: _____
Home Phone: _____
Work: _____
Address: _____
City: State: Zip: _____
Parent/Guardian cell/pager number: _____
Emergency Contact: _____
Home Phone: Cell Number: _____
Family Doctor: _____
Physician Phone: _____
Health Insurance: _____
Policy Number: _____

Medications

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

- History of mental or emotional disease
- 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: _____

Drug Name mg dose times per day

Drug Name mg dose times per day

Drug Name mg dose times per day

Drug Name mg dose times per day

Special instructions for handling medications _____

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 accidental insurance that is secondary coverage.

Signature of Parent/Guardian

Release from Liability

To be completed by the camper's parent or guardian and a signature must be affixed in the space provided below.

TO THE UNIVERSITY OF SOUTH ALABAMA:

My child _____ will be participating in Rick Pietri's Girl's Basketball Camp for 2011.

I understand that travel to and from the Camp is solely my responsibility. I also understand that participation in the Camp is on a voluntary basis and that I am aware of and agree to abide by the rules and regulations of the Camp.

I fully recognize that there are inherent risks in this, as in any physical activity, and do hereby agree to assume all of the risk and responsibility surrounding my child's participation in said activity. By my signature affixed below, I 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 or action on account of or resulting from my child's participation in aforementioned activity.

Parent/Guardian Signature

Photographic Release (please check one box)

I authorize the University of South Alabama Athletics Department to photograph, video, and/or audio tape my child for promotional use.

I do not authorize the University of South Alabama Athletics Department to photograph, video, and/or audio tape my child for promotional use.

Parent/Guardian Signature