

## St Francis College Medical Release

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in rigorous physical activity. The undersigned hereby expressly agrees to be responsible for any medical bill incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent.

I understand that as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases the SFC Volleyball Camp, St Francis College, Abigail Rummel, and all other employees or agents of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp unless caused by willful or gross negligence by the person or entity against whom the claim is made.

Campers Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### MEDICAL INFORMATION

Does the camper have any pre-existing injuries? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Is the camper on any medication? \_\_\_\_\_

If yes, what types? \_\_\_\_\_

Does the camper have any allergies? \_\_\_\_\_

If yes, what types? \_\_\_\_\_

Is there any medical background information that the Training Staff should know about the camper? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_