



ROCKET FOOTBALL CAMP

Medical Information Release & Waiver



The undersigned, in partial consideration for the participation of his/her child/children in Rocket Football Camps understand the risks inherent in said activity, which may include bodily injury, death or property damage. The undersigned does hereby waive, release and forever discharge the State of Ohio, The University of Toledo, its governing board, officers, agents, employees and any students acting as employees (Releasees) from any and all claims of harm, injury or damage sustained by the participant child/children arising from or out of said participation or by any property belonging to participant child/children, whether caused by the negligence or carelessness of the Releasees or otherwise. In addition, the undersigned does hereby agree to indemnify and save harmless the Releasees from all claims or demands whatsoever arising from injuries or property damage resulting from the participation of his/her children in the above-mentioned activity, including but not limited to negligence of said employees or agents.

Child's Name _____

Signature of Parent/Guardian (required for participation of child) _____

Date _____

HEALTH HISTORY

Please describe below or attach any other pertinent medical information which you feel the camp medical staff may need in the event treatment or emergency care is needed (allergies, past emergencies, etc.). Does the child frequently have problems with any of the following:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Nosebleeds	_____	_____	Fainting	_____	_____
Stomach Cramps	_____	_____	Allergies	_____	_____
Diabetes	_____	_____	Muscles/Joints	_____	_____
Sore Throats	_____	_____	Vision	_____	_____
Infections	_____	_____	Orthopedic Braces	_____	_____
Epilepsy	_____	_____	Hearing	_____	_____
Heart Conditions	_____	_____	Other	_____	_____
High/Low Blood Pressure	_____	_____	Explain: _____		
Breathing	_____	_____			

If yes to any of the above, please explain: _____

Emergency Contact Number: _____

INSURANCE INFORMATION

It is important for your child to have health insurance information with them at camp. This is very helpful should the need arise for medical attention during camp. You understand that all costs related to medical treatment will be your sole responsibility and that The University of Toledo will bear not responsibility for these costs.

Insurance Company: _____

Address: _____

City/State/Zip: _____

Subscriber's Name: _____

Subscriber's Policy Number(s): _____

Is a claim form required by the insurance company? Yes ____ No ____ (If yes, attach copy.)

Your signature as a parent or guardian below grants your permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare to your child in the case of an accident or emergency. This permission includes admission to area hospitals if necessary. You acknowledge that such care shall be subject to the terms of this Agreement. You understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Parent/Guardian Signature _____

Please print name here _____