

**University of South Carolina – Sports Camps/Clinics**

This form must be completed and signed by the camper's parent or legal guardian. THIS FORM WILL BE RETURNED IF IT IS NOT COMPLETE. PLEASE PRINT CLEARLY!

**CAMPER INFORMATION**

Camper's Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

**MEDICAL EMERGENCY CONTACT INFORMATION**

PERSON TO CONTACT FIRST: NAME \_\_\_\_\_ RELATION TO CAMPER \_\_\_\_\_  
DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_  
BACKUP CONTACT: NAME \_\_\_\_\_ RELATION TO CAMPER \_\_\_\_\_  
DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

**INSURANCE POLICY INFORMATION**

THE ABOVE-NAMED CHILD IS COVERED BY HEALTH INSURANCE: (Circle One) YES - NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

POLICY HOLDER'S (PH) NAME \_\_\_\_\_ P.H. DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATION TO CAMPER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PH'S EMPLOYER \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_  
INSURANCE COMPANY'S ADDRESS \_\_\_\_\_  
POLICY # \_\_\_\_\_ PLAN \_\_\_\_\_

**PERMISSION TO TREAT & MEDICAL RELEASE**

Check ONE of the following and sign below:

\_\_\_\_\_ In the event of illness or injury, I understand that every attempt will be made to contact me before medical action is taken. However, in the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery. I will be responsible for any medical or other charges connected with my child's attendance at the camp.

\_\_\_\_\_ I DO NOT want any type of medical treatment provided to my child.

\_\_\_\_\_  
Parent/ Guardian Name                      Parent/ Guardian Signature                      Date

**DIRECTIONS:** TO BE COMPLETED BY LEGAL GUARDIAN. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE PRINT CLEARLY AND ATTACH ANY SPECIFIC RECOMMENDATION FROM YOUR PHYSICIAN TO THIS FORM.

**DOES THE CAMPER HAVE ANY OF THE FOLLOWING? (IF YES, PLEASE DESCRIBE)**

DRUG ALLERGIES? NO YES \_\_\_\_\_ FOOD ALLERGIES? NO YES \_\_\_\_\_  
ALLERGIES TO INSECTS? NO YES \_\_\_\_\_ SPECIAL DIETARY NEEDS? NO YES \_\_\_\_\_  
ASTHMA? NO YES \_\_\_\_\_ FREQUENT HEADACHES? NO YES \_\_\_\_\_  
DIZZINESS OR SEIZURES? NO YES \_\_\_\_\_

LIST: OTHER HEALTH PROBLEMS \_\_\_\_\_  
IS THE CAMPER CURRENTLY TAKING MEDICATION? NO YES- IF YES, WHAT?: \_\_\_\_\_

**PLEASE NOTE:** Our staff cannot administer any medications, prescription or otherwise, to campers. This includes over-the-counter medications like Advil or Tylenol for minor headaches or pains. If the camper will need to take medication while attending our camp, he must bring the medication to camp and assume responsibility for taking it as needed.

WILL YOUR SON REQUIRE ANY SPECIFIC TREATMENT FOR A MEDICAL/ EMOTIONAL CONDITION WHILE PARTICIPATING IN OUR CAMP? NO YES  
IF YES, PLEASE DESCRIBE: \_\_\_\_\_

**MEDICAL HISTORY**

IMMUNIZATION DATES: MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_ RUBELLA \_\_\_\_\_ MMR(COMBINED) \_\_\_\_\_ LAST TETANUS \_\_\_\_\_ POLIO SERIES \_\_\_\_\_

DATE OF LAST CHECK UP \_\_\_\_\_

REASONS FOR ANY HOSPITALIZATION IN THE PAST 5 YRS? NO YES\_IF YES,  
EXPLAIN \_\_\_\_\_

**PHYSICIAN'S INFORMATION**

PHYSICIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

**LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**

This is a legally binding Release executed by (camper's name) \_\_\_\_\_ and by \_\_\_\_\_ (Parent or Guardian name) to the University of South Carolina, Columbia, South Carolina.

In consideration of the Camper being permitted to participate in the camp, I/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees ("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.

I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Camper and Camper's Parent/Guardian agree that Camper has individually assumed the risks involved with this camp as witnessed below.

I/We understand and agree that Releasees do not have medical personnel available at the location of the camp or on the campus. I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I/We 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.

It is my/our express intent that this release and hold harmless agreement shall bind the members of Camper's family and spouse, if Camper is alive, and Camper's family, estate, heirs, administration, personal representatives, or assigns, if Camper is deceased, and shall be deemed as a "Liability Release, Waiver, Discharge and Covenant Not to Sue" the Above-names Releasees. Camper/Camper's Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by Camper or Camper's family, arising out of Camper's participation in the camp.

In signing this Release, Camper and Camper's Parent/Guardian acknowledge and represent that I/we have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and Camper understands what it means and the I/We sign this document as my/our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I/We further state that there are no health-related reasons or problems which preclude or restrict the Camper's participation in this camp, and the Camper has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the Camper.

I/We further agree that this Release shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Camper, and for Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_