

Camp _____ Camper Name _____

Dates _____ Social Security Number _____

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of Auburn University Sports Camp acceptance of _____
as a student in Sports camp for the period in the dates mentioned above.

It is agreed that all risks attendant to watching and/or participating in camp activities including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardians as indicated by their signature hereto. Sports Camp insurance will be financially responsible for injuries/accidents occurring during camp, only as secondary coverage after the parent's/guardian's insurance has paid.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature _____ Date _____

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in Auburn University Sports Camps and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Physician's Signature _____ Date _____

MEDICAL INFORMATION

Hospitalization Plan: Claim No. _____ Company _____

City _____ State _____ Zip Code _____

Phone _____

Medical History (if pertinent):

Allergies, present medication, special considerations:

Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

EMERGENCY MEDICAL INFORMATION

NAME _____ () PHONE _____ (HOME)

NAME _____ () PHONE _____ (HOME)