

CAMP & CLINIC RELEASE & CONSENT FORM

The _____ is sponsored and run by _____, a Virginia LLC, and also referred to herein as the "camp", and it may be held at the University of Virginia (the "University") and use some of the University's facilities. The _____ is not, however, sponsored or run by the University, and neither Coach _____ nor any of their assistants, administrators, or staff (whether they are employees or independent contractors), are acting on behalf of or as employees or agents of the University when they are operating the camp. Each of them is acting on behalf of the _____.

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. EACH PARTICIPANT'S HEALTH AND SAFETY SHOULD BE CAREFULLY CONSIDERED BY THE PARTICIPANT AND/OR SUCH PARTICIPANT'S LEGAL GUARDIAN GIVEN THE RISKS INVOLVED WITH PHYSICAL FITNESS AND IN LIGHT OF THE VARIOUS RELEASES MADE HEREIN.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

On behalf of myself and my child, I understand that one of the risks of participating in any sport, including the _____, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury to my child and other camp participants, I agree to instruct my child to obey all safety rules and any other rules, regulations or restrictions set forth by any of the individuals associated with the camp. I further agree to instruct my child to fully report and/or disclose any problems related to his/her health or physical condition to the camp coaches or assistants as soon as the problem arises or becomes noticeable.

By signing below, I certify the following:

- I am authorized to execute this document and make decisions on behalf of my child as his/her parent or legal guardian.
- That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the camp;
- That my child is not currently being treated for or recovering from an orthopedic or other injury that would prevent his or her safe participation in the summer camp;
- That my child has no history of fainting or any other problems whatsoever related to strenuous exercise; and
- That my child is in good health and that, to the best of my knowledge, there is no reason he or she cannot or should not participate in the kind of physical activity involved with camp participation.

Parent/Guardian Signature: _____

Date: _____

CONSENTS:

By my signature below, and in the event any accident, illness, injury or other medical condition arises in connection with my child's participation in the _____, I hereby authorize the camp, including any of its employees, staff or agents to obtain medical treatment for my child, _____, as the same may be deemed reasonably necessary by any such parties.

By my signature below, I hereby consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational, marketing and public relations purposes by the _____.

Parent/Guardian Signature: _____

Date: _____

RELEASE:

For good and valuable consideration, including my child's participation in the _____, the receipt and sufficiency of which are hereby acknowledged, and as evidenced by my signature below, I hereby, on behalf of myself, my child, and any of our heirs, successors, executors, administrators, assigns or survivors:

Agree that I am and shall be responsible for any and all costs associated with any injury or loss (including all actual costs and expenses associated with accompanying medical attention) that may be sustained by my child as a result of his/her participation in the camp, whether such injury is the direct or indirect result of such participation. I further certify that I have, or a member of my family has, health insurance, which provides adequate coverage for any injuries, illnesses, or other medical conditions my child may sustain in connection with participating in camp. Further, I acknowledge that I am providing various equipment for my child to use in connection with his/her camp participation, and that I am solely responsible for the effectiveness, upkeep, maintenance, and safety of any such equipment.

Forever release, indemnify and hold harmless the Commonwealth of Virginia, the University, the _____, and any and all of their employees, agents, independent contractors and other affiliates, including Coach _____, personally, from and against any and all claims for any damages, loss, injury, disability, or death arising from or in any way in connection with my child's participation in the Tony Bennett Basketball Camps, unless any such claim is the direct result of the gross negligence or willful misconduct of any such parties.

Certify that I have read all of the terms and provisions of this form, and that I understand the various obligations I am assuming and rights I am waiving. This waiver is intended to be as broad and inclusive as permitted by law. It shall be governed by the laws of the Commonwealth of Virginia. To the extent that any part of this waiver or agreements is deemed unenforceable for any such reason, the rest of the terms and provisions hereof are intended to remain in full force and effect.

Parent/Guardian Signature: _____

Date: _____

CAMPS & CLINICS SPORTS MEDICINE INFORMATION SHEET

****CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY ACTIVITIES UNTIL ALL REQUIRED FORMS ARE SUBMITTED****

Camp/Clinic Name: _____

Full Legal Name (FML): _____ DOB (MM/DD/YY): _____

Citizenship: _____ Gender (if willing to provide): _____

Primary Emergency Contact:

Name (First & Last): _____ Phone #: _____

Relationship to Camper: _____ Email: _____@_____

Secondary Emergency Contact:

Name (First & Last): _____ Phone #: _____

Relationship to Camper: _____ Email: _____@_____

Allergies/Reaction

Please list all allergies (medication, food, bee stings, poison ivy, etc.) and describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury History

Please list any injuries, including recent sprains, fractures, concussions, etc. and the date (MM/YY) the injury occurred.

Medical Conditions

Please list all medical conditions (asthma, diabetes, cardiac disorders, seizure disorders, sickle cell trait, history of heat illness or cramping, etc.).

Current Medications

Date of Last Tetanus Shot (MM/YY): _____

Insurance Information

INSTRUCTIONS: Please provide the below information or attach a copy of the front and back of your insurance card.

Policy Number: _____ Group Number: _____

Effective Date: _____ Termination/Renewal Date: _____

Type: _ 1) POS _ 2) PPO _ 3) HMO _ 4) MEDICAID _ 5) MILITARY _ 6) INTERNATIONAL

Insurance number to call to confirm benefits: _____

Please list any additional medical coverage: _____

Please fill out the below information for the **Policy Holder**.

Name & Relationship: _____ Date of Birth: _____

Address: _____ City, State & Zip: _____

Phone: _____ Email: _____

Please check this box if your personal health insurance policy is an out of state Medicaid policy (not from the state of Virginia).

Please check this box if you do not have personal health insurance.

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) *(End date)*

Parent's or Guardian's Signature: _____ Date: _____

Camper Name: _____

Session: _____

Division: _____

Please indicate how will your child be transported to and from the Program:

___ Parent/legal guardian or authorized individual will drive them to/from the Program and will sign them in/out.

Name of Authorized Individuals (including yourself) who may Pick Up/Sign Out your Child	Phone Number

For pick up:

- The child will not be permitted to leave the Program with anyone who is not listed above.
- Authorized individuals must pick up the child in-person and will be asked to show identification to Program staff when picking up a participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

___ Other _____