

Soccer - Tennis Camp Registration Forms

CAMPER INFORMATION

NAME: _____ D.O.B.: _____
ADDRESS: _____ AGE: _____
CITY: _____ STATE _____ ZIP: _____ GRADE _____
HOME PHONE NUMBER: (_____) _____ GENDER: M F

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: _____ WORK NUMBER: (_____) _____
CELL PHONE NUMBER: (_____) _____ EMAIL _____
FATHER'S NAME: _____ WORK NUMBER: (_____) _____
CELL PHONE NUMBER: (_____) _____ EMAIL _____
BACKUP EMERGENCY CONTACT _____ RELATION TO CAMPER: _____
CELL PHONE NUMBER: (_____) _____

MEDICAL HISTORY INFORMATION

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE.

1. KNOWN DRUG ALLERGIES? NO YES
2. FOOD ALLERGIES? NO YES
3. ALLERGIES TO INSECTS? NO YES
4. ASTHMA? NO YES
5. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE NO YES
6. IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS? NO YES

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING CAMP.

INSURANCE POLICY INFORMATION

IS THE CAMPER CURRENTLY COVERED BY HEALTH INSURANCE? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: _____ PHYSICIAN: _____
NAME OF POLICYHOLDER: _____ POLICY NUMBER: _____

PERMISSION TO TREAT & MEDICAL AUTHORIZATION

*PLEASE CHECK **ONE** OF THE FOLLOWING AND SIGN BELOW.*

- I, _____, parent or guardian of the child named above, give consent for my child to attend this camp. As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this clinic, and I accept that consequence. I have advised our family physician that my child wishes to participate in this camp, and our physician has approved of this participation.

I hereby authorize the camp medical staff or other appropriate camp personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with this Summer Sports Camp.

Parent/Guardian Signature: _____ Date: _____

- DO NOT** want any type of medical treatment provided to my child.

Parent/Guardian Signature: _____ Date: _____

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CAMP LIABILITY WAIVER

This is a legally binding Release executed by (*camper's name*) _____ and by _____ (*Parent or Guardian name*) to Pomona and Pitzer Colleges and Athletic Department.

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 of 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.

Camper/Camper's Parent/Guardian 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 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/Guardian Signature: _____

Date: _____

CAMPER PHOTOGRAPHIC RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, parent or legal guardian of _____ (camper name) hereby grant and convey to Pomona and Pitzer Colleges and the Tennis and Soccer Camp all right, title and interest in and to record my child's name, likeness, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made during this camp. I further grant to the camp, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including, but not limited to, external or internal print media or posting on the Internet and World Wide Web, for educational, historical, archival, promotional, advertising or other purposes, without limitation, consistent with the mission of the Colleges and Athletic Department. I agree that all intellectual property rights to the sound, still, or moving images belong to the camp and/or colleges. I voluntarily waive any right to any royalties, proceeds or other benefits derived from such photographs or recordings and agree that I shall receive no compensation for my/ or my child's appearance and participation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

Parent/Guardian Signature: _____

Date: _____