

# LEHIGH UNIVERSITY SPORTS CAMPS HEALTH FORM

1. All information must be completed *prior* to participation at camp. A parent/guardian must provide all requested information, **print** the form, and a **parent/guardian must sign the form**. A doctor's signature is not required.
2. The Health Form and the Waiver must both be mailed to the address indicated. Campers are STRONGLY encouraged to **also bring a copy of both forms to check-in**.
3. PLEASE RETURN FORM TO: Lehigh University Sports Camp Office, Attn: HEALTH FORM, 641 Taylor St., Bethlehem, PA 18015
4. This is **NOT** a registration form for camp. You must also complete a separate camp application form to register for camp.

Please indicate which SPORT & if it's Boys or Girls or Coed

1<sup>st</sup> CAMP ATTENDING: \_\_\_\_\_ DATE(S) \_\_\_\_\_  
2<sup>nd</sup> CAMP ATTENDING: \_\_\_\_\_ DATE(S) \_\_\_\_\_  
3<sup>rd</sup> CAMP ATTENDING: \_\_\_\_\_ DATE(S) \_\_\_\_\_  
4<sup>th</sup> CAMP ATTENDING: \_\_\_\_\_ DATE(S) \_\_\_\_\_

NAME OF CAMPER \_\_\_\_\_  
AGE of CAMPER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

LIST ADULT(S) CAMPER IS AUTHORIZED TO BE RELEASED TO: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ EMERGENCY CELL PHONE \_\_\_\_\_  
MOTHER'S WORK# \_\_\_\_\_ FATHER'S WORK# \_\_\_\_\_

NAME OF ALTERNATE CONTACT PERSON (OTHER THAN PARENT) \_\_\_\_\_  
TELEPHONE # OF ALTERNATE CONTACT \_\_\_\_\_  
RELATIONSHIP TO CAMPER OF ALTERNATE CONTACT. \_\_\_\_\_

LIST ANY **MEDICATION, FOOD, OR ENVIRONMENTAL ALLERGIES:**

LIST ANY MEDICATION BEING TAKEN. **PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION.**

LIST ANY ORTHOPEDIC INJURIES **WITHIN THE PAST YEAR** AND DESCRIBE NATURE & SEVERITY OF THE INJURY. PLEASE GIVE DATE OF INJURY WITH SIDE AND A BRIEF EXPLANATION:

FAMILY PHYSICIAN \_\_\_\_\_  
PHYSICIAN'S TELEPHONE \_\_\_\_\_  
PHYSICIAN'S ADDRESS \_\_\_\_\_  
DATE OF LAST PHYSICAL EXAM (**MUST BE WITHIN THE PAST YEAR**) \_\_\_\_\_  
DATE OF LAST TETANUS BOOSTER \_\_\_\_\_  
HEALTH INSURANCE COMPANY \_\_\_\_\_  
HEALTH INSURANCE ADDRESS \_\_\_\_\_  
HEALTH INSURANCE GROUP AND POLICY NUMBERS \_\_\_\_\_  
NAME OF PERSON WHO IS PRIMARY HOLDER \_\_\_\_\_

WITH MY SIGNATURE BELOW:

- I verify that all of the above information is accurate to the best of my knowledge.
- I authorize the Lehigh University Health & Wellness Center and athletic training staff to provide medical treatment for my child.
- I verify that my child may participate in any and all camp-related activities and events, and that my authorization does not conflict with any medical advice or concerns expressed by my child's physician.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**PLEASE ALSO COMPLETE THE WAIVER**

**LEHIGH UNIVERSITY YOUTH CAMP  
INDEMNITY RELEASE AND WAIVER**

**(TO BE COMPLETED /SIGNED BY PARENT/GUARDIAN OF MINOR PARTICIPANTS PRIOR TO PARTICIPATION)**

I am permitting my minor child to participate in the following Camp or Clinic offered by the Athletic Department at Lehigh University (the "Camp"). (Check all that apply)

- |                                        |                                       |                                   |                                        |
|----------------------------------------|---------------------------------------|-----------------------------------|----------------------------------------|
| <input type="checkbox"/> Starters      | <input type="checkbox"/> Crew/Rowing  | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Football     | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf         | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling     |

I hereby acknowledge that participation in the Camp may involve physical and recreational activities and that these activities may involve risks including, but not limited to, the following:

***Physical exertion, such as: lifting, spotting, holding, catching other individuals; lifting equipment; running, quick movements; climbing; balancing; and stretching exercises.***

***Environmental hazards, such as: uneven, rough terrain; hot, exposed climate; unpredictable weather; unpredictable conditions (lightning, rain, etc.); unpredictable contact with plants, insects and other naturally occurring phenomenon, often of unknown variety or origin***

***Risks inherent to participation in sports and other recreational activities, such as: being hit or struck by equipment; rough, physical contact with other participants.***

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries, illness, paralysis and even death are possible, on behalf of my minor child, I hereby expressly assume all such risks that could occur by reason of his/her participation in any activities and the use of facilities and equipment related to the Camp.

I hereby grant permission to the University to videotape or photograph my minor child and to use and display such videotapes or photographs publicly (including on the University's website) for educational, promotional, or any other purposes in furtherance of the non-profit missions of the University.      (please check)

I agree that, in exchange for and in consideration of the University permitting my minor child to participate in the Camp, I hereby agree to **forever release**, Lehigh University, its trustees, officers, agents, and employees, from any cause of action, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my minor child's participation in any activities related to the Camp.

I further **covenant not to sue** and agree to **hold harmless and indemnify** the University, its trustees, officers, agents and employees from any and all liability, causes of action, claims, demands, losses or costs of any kind and nature whatsoever (including attorneys' fees) arising out of or in any relating to my minor child's participation in any activities or his/her use of the facilities or equipment related to the Camp.

I understand that while participating in the Camp, my minor child must follow the instructions and directions provided by University personnel and that he/she must abide by the policies of Lehigh University. Failure to follow instructions or directions may result in my minor child's immediate expulsion from the Camp.

I hereby authorize Lehigh University to act on my behalf in any medical emergency. \_\_\_\_\_ (Initial)

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have carefully read all of its provisions, and fully understand its significance.

Print Name of Minor Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

**PLEASE ALSO COMPLETE THE HEALTH FORM**

Risk Management

[h:/waivers/youth sports camp indemnity release & waiver/rev: 2-19-07]