

Camps/Clinics Emergency Health Information & Parental Authorization

Participant's Name _____ Soc. Sec. # _____ Date of Birth _____
Address _____
Phone #1 _____ Email Address _____
Mother's Name _____ Soc. Sec. # _____ Date of Birth _____
Mother's Cell Phone _____ Mother's Alt Phone _____
Father's Name _____ Soc. Sec. # _____ Date of Birth _____
Father's Cell Phone _____ Father's Alt Phone _____
Emergency Contact's Name _____ Relationship _____ Phone _____
Medical Insurance Co. _____ Policy # _____
Date of Most Recent Tetanus Immunization? _____
Medical Conditions (e.g. allergies, diabetes, asthma, epilepsy, disabilities, etc.) _____
Current Medications _____

Physician's Authorization (below) or Current School Physical (attach copy)

This is to certify that _____ was examined by me on _____
(valid if within one year) and that I found this individual to be able to participate in vigorous activity &
competitive athletic sports.

Physician's Signature _____ Date _____

Physician's Name (print) _____

Physician's Address _____

Physician's Phone _____

In consideration of the University of Memphis granting the aforementioned individual permission to participate in a camp/clinic at the University of Memphis, I hereby assume all risks of camp/clinic activity (including property loss or damage and death) that may result from any activity (including residence hall and/or dining hall activities) while my son/daughter is enrolled as a participant. As parent/guardian, I do indemnify, defend, and hold harmless the State of Tennessee, the University of Memphis, its Board of Trustees, its Athletics Department, the University of Memphis sports camp/clinic in which my son/daughter is enrolled, and its officers, employees, agents, coaches and instructors, and all participants in the sports camp/clinic program from any and all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the participant taking part in sports camp/clinic activities.

I certify that within the past year, the aforementioned participant has had a physical examination by a licensed physician, and that he/she is physically able to participate in the sports camp/clinic activities.

The University of Memphis Sports Camps/Clinics program has adopted the following procedures for caring for your son/daughter in the event that he/she becomes sick or injured while attending the aforementioned camp/clinic: **1)** A representative from the camp/clinic will call the Phone #1 number listed. If there is no answer, **2)** A representative will call the mother's, father's, and/or guardian's Cell and Alternate phone numbers as listed. If there is no answer, **3)** A representative will call the emergency contact and the physician listed. **4)** If none of the above answer, a representative will call an ambulance, if necessary, to transport your son/daughter to an appropriate medical facility. **5)** Camp/Clinic representatives will continue to call all listed numbers until one is reached. A message may also be left on an answering machine. **6)** Based upon the medical judgment of the attending physician, your son/daughter may be admitted to a local medical facility.

In the event of an injury, illness, and/or accident involving my son daughter, I hereby give my consent for medical treatment and permission to a certified athletic trainer and/or his/her designee to supervise on-site first aid, to the appropriate camp/clinic personnel to properly transport my son/daughter to an appropriate medical facility for care, and to a licensed physician to hospitalize and secure proper treatment (including injections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my son/daughter. I agree to assume any and all costs related to such treatment. I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the aforementioned camp/clinic.

I understand that I am responsible for any and all medical and/or other charges related to the aforementioned participant's attendance and participation in the UM Camps/Clinics Program. I also understand that registration is not considered complete until this completed and signed form in on fill.

Parent / Guardian Signature

Date

Camps / Clinics "Medical Alert" List

<input type="text"/>	Age *
<input type="text"/>	High School *
<input type="text"/>	High School State *
<input type="text"/>	HT (ie. 5'11") *
<input type="text"/>	Weight *
<input type="text"/>	Position *
<input type="text"/>	Parent/Guardian Full Name *
<input type="text"/>	Parent/Guardian Email *
<input type="text"/>	Parent/Guardian Phone Number *
<input type="text"/>	Emergency Contact *
<input type="text"/>	Emergency Contact Relationship *
<input type="text"/>	Emergency Contact Number *

Health Insurance *

I currently have health insurance

<input type="text"/>	Health Insurance Company
Name of health insurance provider	
<input type="text"/>	Health Insurance Policy Number
The policy number of my health insurance	
<input type="text"/>	Health Insurance Primary
The Primary Insured on the health insurance policy	
<input type="text"/>	Health - Family Physician
Name of family physician	
<input type="text"/>	Health - Family Physician Phone Number
Number of family physician	

COVID-19 *

Have you previously contracted COVID-19?

<input type="text"/>	COVID-19 Date
What was the date in which you had COVID-19?	

COVID-19 Doctor's Clearance

Were you cleared by a doctor to return to regular activity?

<input type="text"/>	Most Recent Physical Date *
<input type="checkbox"/>	

I UNDERSTAND THAT ALL CAMPERS MUST BRING A PHYSICAL WITHIN 1 YEAR TO CAMP TO BE ABLE TO PARTICIPATE. *

1. Has a doctor ever denied or restricted the participant's participation in sports for any reason? *

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1. Doctor Restriction Explanation

If yes, please explain

2. In the last 12 months, has the participant had a sports physical conducted *

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3. Has the participant had an illness, injury, or condition that required immediate care? *

In the last 12 months, was there a visit to a clinic, emergency room, or doctor's office?

4. Has the participant ever passed out or nearly passed out during or after exercise? *

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5. Please list all allergies that the participant currently or previously has been diagnosed with: *

Examples: seasonal, peanuts, types of medicine, stinging insects, etc.

6. Has the participant been diagnosed with or treated for sickle cell trait or sickle cell anemia? *

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7. Has the participant currently or previously been diagnosed with or treated for a heart condition? *

Examples: High blood pressure, murmur, inflammation on the heart, etc.

8. Has the participant currently or previously been diagnosed with or treated for asthma? *

8. Has the participant currently or previously been diagnosed with or treated for asthma?

9. Has the participant currently or previously been diagnosed with or treated for diabetes? *

9. Has the participant currently or previously been diagnosed with or treated for diabetes?

10. Diagnosed Injury *

Please list any diagnosed injuries requiring an orthopedic assessment, surgery or rehabilitation:

11. Does the participant have a History of a Head Injury: Concussion or Traumatic Brain Injury *

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12. history of heat illness: Rhabdomyolysis, Muscle Cramps, Heat Exhaustion *

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13. Does the participant have a current Infection: Bacterial, Viral, or Skin *

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14. Does the participant have a history of Seizures *

Does the participant have a history of Seizures?

15. Are you currently taking any medications? *

16. Please list all medications currently taking: *

examples: blood pressure control, allergy, antibiotics, anti-inflammatory, asthma, epi-pen

Release of Liability

I HEREBY GIVE MY CONSENT FOR THE CAMPER LISTED BELOW TO PARTICIPATE IN ACTIVITIES ASSOCIATED WITH THE (Name of Camp), TO INCLUDE SPECIFIC SPORT ACTIVITIES AND RECREATIONAL ACTIVITIES CONDUCTED DURING CAMP. THE UNDERSIGNED CAMPER AND PARENT/GUARDIAN UNDERSTAND THAT THE CAMPER WILL VOLUNTARILY ENGAGE IN PHYSICAL ACTIVITY DURING THE PROGRAM WHICH CONTAINS INHERENT RISK OF PHYSICAL INJURY AND THE UNDERSIGNED ASSUMES ALL RISK, INDEMNITIES, AND RELEASES THE UNIVERSITY OF MEMPHIS, (Coach holding camp, Name of camp), CAMPS OFFICERS, DIRECTORS, AGENTS, VOLUNTEERS, AND EMPLOYEES AS WELL AS ANY 3RD PARTY FACILITY OWNERS, MANAGERS, STEWARDS, FROM ANY AND ALL LIABILITIES FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE ARISING OUT OF THE CAMPER'S PARTICIPATION IN THE CAMP PROGRAM. IF AT ANY TIME IT IS NECESSARY FOR THE CAMPER TO RECEIVE OUTSIDE OR PROFESSIONAL MEDICAL ATTENTION, I HEREBY GIVE MY CONSENT TO THE CAMP TO SECURE THE SERVICES AND ARRANGE THE TRANSPORTATION IF DEEMED NECESSARY.



I consent to the above waiver. *

Medication Administration Waiver

I hereby acknowledge that camp personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my child to participate in the program/camp above, I hereby for myself, my child, and our executors administrators and assignees, assume all risks including COVID-19 and hold the University of Memphis, its agents, members of the Board of Trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the program/camp, coordinating groups, volunteers, and any individuals associated with the program/camp harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my child's participation in activities related to the program/camp.



I consent to the above waiver. *

Code of Conduct

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All program/camp participants are required to conduct themselves according to the following standards of behavior. This Code of Conduct is to ensure the safety and well-being of all participants and applies to all participants as well as their parents/guardians.

Guiding Principles:

- To ensure that the rights of all individuals are protected while attending the program
- To establish the safest and best possible learning environment for all participants

Expectations:

- Respect and adhere to program/activity rules and guidelines.
- Act in a courteous manner and treat other participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Follow all instructions and directives given by program Staff.
- Obey University policies and local, state and federal laws.

Behavior not permitted:

- Improper language, e.g., profanity
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco
- Possession or use of harmful objects (i.e. firearms, weapons, knives)
- The stealing of personal, program, or other property is prohibited. Destruction of property
- Violation of established curfew, when applicable
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Belittling others/putting down and being disrespectful of individuals' differences
- Aggressive physical behavior
- Leaving program space or boundaries without permission
- Other conduct determined to be inappropriate. This list of infractions is not all-inclusive. Program staff reserve the right to ask any participant to leave the program at any time.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and

welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, without refund of camp tuition, up to and including removal from the program/activity and future programs/activities offered at the University of Memphis.

I as the legal guardian have read and reviewed the Code of Conduct with my child, and understand that by signing I accept the consequences for my child's actions if they choose not to follow the code of conduct.



I consent to the above waiver. *