

**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**