

**THE COLLEGE OF WOOSTER
SUMMER SPORTS CAMPS
EMERGENCY INFORMATION AND PARENTAL CONSENT FORM**

** All information must be complete, including parent's signature, in order to register for camp.

NAME _____ BIRTHDATE ____ -- ____ -- ____ AGE _____

SPORT/CAMP(S) _____

Address _____
Street City State zip

Parent's (Guardian) names _____ Home phone (____) _____ - _____

Emergency phone # for parents during day: Father _____ Mother _____

If parents cannot be contacted in an emergency, notify _____ @ _____
NAME Phone #

PLEASE NOTE ANY SPECIAL OR MEDICAL CONDITIONS (Allergies, Asthma, etc.) OF WHICH WE SHOULD BE AWARE:

LIST ALL PREVIOUS HOSPITALIZATIONS: _____

LIST ANY MEDICATIONS CURRENTLY BEING TAKEN: _____

ARE ALL IMMUNIZATIONS UP TO DATE? ____ yes ____ no Date of last tetanus booster _____

IS THERE ANY REASON WHY PARTICIPATION SHOULD BE LIMITED IN ANY WAY? ____ yes ____ no

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or their designate at The College of Wooster to secure any and all necessary medical treatment. I understand that an attempt will be made to contact the parent before treatment is initiated. If I cannot be reached, I authorize the attending physician to render any and all medical care which he/she deems necessary.

I acknowledge that participation in sport activities is inherently hazardous and the risk of injury, including serious injury or death, is a possibility. I attest that my son/daughter has a current physical exam and is free from any condition that would limit their safe participation.

I and all my guests will defend, indemnify, and hold The College of Wooster harmless from any and all claims, liability, loss and expense including, but not limited to, reasonable attorney fees and costs actually incurred by reason of injury to persons or property resulting out of the use of facilities herebefore described.

Parent's Signature

Date