

REQUIRED CAMP DOCUMENTS

ALL FORMS MUST BE SIGNED AND BROUGHT WITH YOU ON THE FIRST DAY OF CAMP

Name of Camper: _____

Parent or Guardian: _____

Address: _____

City,State,Zip: _____

Home Phone: () _____ Cell Phone: () _____

Health Insurance Information:

Name of Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

In case of any emergency, I give permission to the camp administrators to authorize the necessary medical attention recommended by physicians or hospital staff.

_____ (Print
Parent/Guardian name) (Parent/Guardian signature)

Health History Information:

Date of Birth _____ Ht. _____ Wt. _____

Does the camper have allergies? Y N

Explain _____

Does the camper have a special diet? Y N

Explain _____

Does the camper have any special needs? Y N

Explain _____

Immunization Records- Date of:

Diphtheria _____ Tetanus _____ Polio _____ Measles _____

Pertussis _____ Mumps _____ Rubella _____

Blood Pressure: _____

Within the Last Year - Please answer Yes or No

Sprains _____ If yes, Where? _____

Fractures _____ If yes, Where? _____

Dislocations _____ If yes, Where? _____

Concussions _____ If yes, Where? _____

Vascular/Nerve Conditions _____

Other health conditions - Please answer Yes or No.

Diabetes _____ Mononucleosis _____ Heart Condition _____ Lyme Disease _____

Epilepsy _____ Eating Disorders _____ Heat Related Conditions _____

Other conditions Medical Staff should be aware of: _____

Medications camper will be taking at camp: _____

Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to participate in all camp activities unless noted otherwise. I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release Team One Field Hockey, Fairleigh Dickinson University, staff, camp administrators, and camp personnel from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature _____ Date _____

THE BELOW PORTION MUST BE FILLED OUT BY A DOCTORS OFFICE OR SCHOOL NURSE

_____ has been examined by me on _____

(Camper's name) _____ (Date)

and has been found to be in satisfactory health and free of disease. There is no apparent contro-indications to participating in all field hockey camp activities.

Physician Signature _____

Address _____

Phone _____

Release, Indemnification, and Hold Harmless Agreement 2024

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In consideration for the Attendee being permitted to participate in the Team One Field Hockey Camp, July 8 - 11, 2024, I do waive and release forever any and all rights for claims and damages I may have against Fairleigh Dickinson University, its trustees, officers, agents, and employees, from and against any and all liability for any harm, injury damage, claims demands, actions, costs, and expenses of any nature which Attendee, whether caused by negligence or carelessness on the part of the Fairleigh Dickinson University, its officers, agents, and employees, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by equipment used in the camp. I hereby assume those risks. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment. I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in Team One Field Hockey Camp.

This release is intended to discharge in advance the Team One Field Hockey, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. I understand that this Activity is neither administered nor sponsored by Fairleigh Dickinson University and that Team One Field Hockey is providing this instruction or camp outside the scope of his/her employment with Fairleigh Dickinson University.

I agree to release, hold harmless, and indemnify Fairleigh Dickinson University, its trustees, officers, agents, and employees from any and all claims and liability arising out of the Activity. I acknowledge that the foregoing release may include any Camp employee(s) that may also be employees of the University, but the release is not intended to waive any rights I may have against the Camp, or any Camp employee in their role as Camp employee.

Signature of Attendee

Printed Name of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent/Guardian

Printed Name of Parent/Guardian