

Release

All of the medical form must be filled out and returned with camp application. Camper will not be enrolled without release.

Camper Name: _____

Parents/Guardians: _____

Emergency phone (H): _____

(W): _____

Statement from Physician

I certify that this camper is physically able to participate in basketball camp without restrictions.

Physician's office phone number: _____

Physician's Signature: _____

- A note from a physician or valid school physical from 2008-09 may be used in lieu of the physician's signature. However, no camper will be allowed to participate without a doctor's consent.

Please list any medical problems of which the camp staff should be aware: _____

Date of last Tetanus shot: _____

List allergies: _____

Health Insurance Information

Company: _____

Policy#: _____

PARENT/GUARDIAN: I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention. In the event of an accident, injury or illness, I will be responsible for any and all cost of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We, the undersigned, for ourselves, our heirs, executors and administration waive, release and forever discharge the University of Arkansas at Fayetteville and the camp, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

It shall be understood that participating campers are contracting with the employee and not the University of Arkansas, and that the University and the State of Arkansas do not assume any contractual obligations for the conduct of the employee's activity.

Signature: _____ Date: _____

Campers will not be allowed to play unless the information is submitted and the form signed by the parent or guardian of the camper.