

THE COLLEGE OF  
**WOOSTER**

SUMMER SPORTS CAMPS

**EMERGENCY INFORMATION AND PARENTAL CONSENT FORM**

\*\*THIS FORM MUST BE SUBMITTED PRIOR TO ANY PARTICIPATION

Name \_\_\_\_\_ Sport/Camp(s) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I. Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

List any significant medical conditions (Asthma, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

IS THERE ANY REASON WHY PARTICIPATION SHOULD BE LIMITED IN ANY WAY \_\_\_\_\_ yes \_\_\_\_\_ no

INSURANCE INFORMATION

Carrier \_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy Holder DOB \_\_\_\_\_

Policy/Group Number \_\_\_\_\_ ID Number \_\_\_\_\_ Effective Date \_\_\_\_\_

I, the undersigned parent/guardian, do hereby authorize athletic trainer, camp staff, or their delegate at The College of Wooster to secure any and all necessary medical treatment for my son/daughter. I understand that an attempt will be made to contact the parent/guardian 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 attest that my son or daughter has a current physical exam and is free from any condition that would limit his or her safe participation.

\_\_\_\_\_  
Signature of Parent/Guardian Print Name of Parent/Guardian Date

**Waiver of Liability, Assumption of Risk**

ASSUMPTION OF RISK: Participation in the activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as lacerations, bruises and sprains; 2) major injuries such as eye injuries or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the activity. I HEREBY ASSERT THAT MY SON/DAUGHTER'S PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS ON HIS OR HER BEHALF.

I also agree to INDEMNIFY AND HOLD The College of Wooster HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees and costs of suit brought as a result of my son/daughter's involvement in the activity and to reimburse the College for any expenses incurred.

\_\_\_\_\_  
Signature of Parent/Guardian Print Name of Parent/Guardian Date

\_\_\_\_\_  
Signature of Participant Print Name of Parent/Guardian Date  
(if 18 years of age or older)