

Camper Name: _____ (Last) _____ (First) Camp: _____
 Camp Date: _____

UNIVERSITY OF SOUTH ALABAMA SUMMER CAMP MEDICAL LIABILITY AND PHOTOGRAPHIC RELEASE FORMS

Return completed forms along with registration and payment to: Joey Jones Football Camp, 591 Joseph E. Gottfried Drive., Mobile, AL 36688

ALL FORMS MUST BE COMPLETED AND RETURNED PRIOR TO YOUR CHILD'S PARTICIPATION IN CAMP.

EMERGENCY MEDICAL INFORMATION

DOB: _____ AGE: _____ GRADE: _____
 School: _____
 Parent/Guardian: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Emergency Contact: _____
 Phone: _____

Check below any health condition that relate to camper. In space below, please provide information relation to condition. This information is confidential.

_____ Mental or emotional health issue
 _____ Lung disease (asthma, TB, etc.)
 _____ Chest pain or shortness of breath
 _____ Arthritis, diabetes, kidney or bladder disease
 _____ Impaired vision or hearing
 _____ Seizure disorder
 _____ Disease of heart or blood vessels
 _____ High blood pressure
 _____ Hay fever or allergies
 _____ Recent surgeries, accidents or injuries
 _____ Stomach or intestinal trouble (ulcers, etc.)
 _____ Food allergies
 _____ Significant orthopedic and/or neuromuscular impairment

Explanation: _____

Please Note: All medications that accompany camper to camp must be given to the Athletic Trainer. The Trainer will dispense the medication in accordance with the directions provided by the camper. All authorized over-the-counter and prescription medications should be listed below:

Allergies to what medicines? _____

Date of last TETANUS BOOSTER _____

Current prescription/non-prescription medicines:

Name _____ Dose _____ Times _____
 Name _____ Dose _____ Times _____
 Name _____ Dose _____ Times _____

Special instructions for handling of medicine:

_____ Family Doctor
 _____ Phone
 _____ Health Insurance
 _____ Policy #

As parent/guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if the camp is unable to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that in case of an emergency, my health insurance will be the primary coverage for any expenses incurred. USA carries accident insurance that is secondary coverage.

Signature - Parent/Guardian _____ Date _____

RELEASE FROM LIABILITY

To be completed by camper's parent or guardian and a signature must be affixed in the space provided below.

TO THE UNIVERSITY OF SOUTH ALABAMA
 My child, _____
 will be participating in Joey Jones Football Camp

I understand that travel to and from the Camp is solely my responsibility. I also understand that participation in the Camp is on a voluntary basis and that I am aware of and agree to abide by the rules and regulations of the Camp.

I fully recognize that there are inherent risks in this as in any physical activity and do hereby agree to assume all of the risk and responsibility surrounding my child's participation in said activity. By my signature affixed below, I agree to hold harmless an indemnify, release and further discharge the University of South Alabama, and all of its trustees, officers, agents, servants, and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in aforementioned activity.

I affirm that my child is physically able to participate in aforesaid activity and that the University of South Alabama and its trustees, officers, agents, servants, and employees assume and accept no liability for personal injury, loss of life or damage to personal property.

Signature - Parent/Guardian _____ Date _____

PHOTOGRAPHIC RELEASE (check one)

_____ I authorize the University of South Alabama Athletics Department to photograph, video, and/or audio tape my child for promotional use.

I _____ do not authorize the University of South Alabama Athletics Department to photograph, video, and/or audio tape my child for promotional use.

Signature - Parent/Guardian _____ Date _____