

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: Steve Campbell Football Camps, 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. Steve Campbell Football Camps 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 Steve Campbell Football Camps

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 aforementioned 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 \_\_\_\_\_