

Appendix B
LIBERTY UNIVERSITY SPORTS MEDICINE
CAMPS / CLINICS EMERGENCY HEALTH INFORMATION & PARENTAL
AUTHORIZATION

(Please PRINT)

Participant's Name: _____ Soc. Sec. # _____ Date of Birth _____
 Address _____
 Phone #1 _____ Email Address _____
 Mother's/Guardian's Name _____ Date of Birth _____
 Mother's Day Phone _____ Mother's Evening Phone _____
 Father's Guardian's Name _____ Date of Birth _____
 Father's Day Phone _____ Father's Evening Phone _____
 Emergency Contact Name _____ Relationship _____ Phone _____
 Medical Insurance Co. _____ Policy # _____
 Date of Most Recent Tetanus Immunization? _____
 Medical Conditions (e.g. Allergies, Diabetes, Asthma, epilepsy, disabilities.) _____

Current Medications _____

			Explain if "Yes" to any questions
Have you been hospitalized within the last year?	Yes	No	_____
Have you had surgery in the last year?	Yes	No	_____
Have you suffered from a head injury in the last year?	Yes	No	_____
Have you ever suffered from a concussion?	Yes	No	_____
Do you suffer from asthma?	Yes	No	_____
Have you ever suffered a neck injury?	Yes	No	_____
Do you wear glasses or contacts?	Yes	No	_____

I hereby assume all risks of camp/clinic activity (including property loss or damage and death) that may result from any activity (including residence hall and/or dining hall activities) while my son / daughter is enrolled as a participant. As parent / guardian, I do indemnify, defend, and hold harmless the State of Virginia, Liberty University, its Board of Trustees , its Athletics Department, Liberty University sports camp/clinic in which my son/daughter is enrolled, and its officers, employees agents, coaches athletic trainers, and instructors and all participants in the sports camp/clinic program from any and all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the participant taking part in sports camp/clinic activities.

I certify that he/she is physically able to participate in the sports camp / clinic activities and has had a physical within the past year-to-date of the camp.

In the event of an injury, illness, and/or accident involving my son/daughter, I hereby give my consent for medical treatment and permission to a certified athletic trainer and/or his/her designee to supervise on-site first aid, to the appropriate camp/clinic personnel to properly transport my son/daughter to an appropriate medical facility for care, and in a licensed physician to hospitalize and secure proper treatment (including infections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my son/daughter. I agree to assume any and all costs related to such treatment. I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the aforementioned camp/clinic

I understand that I am responsible for any and all medical and/or other changes related to the aforementioned participant's attendance and participation in the LU Camps / Clinics Program. I also understand that registration is not considered complete until this completed and signed form is on file.

Parent or Guardian Signature

Date