

NORTH CAROLINA A&T STATE UNIVERSITY
DEPARTMENT OF SPORTS MEDICINE
SUMMER SPORTS CAMPS

MEDICAL HISTORY & CONSENT/ RELEASE OF LIABILITY

This form must be filled out and signed by each participant and a parent/legal guardian. No child will be permitted to participate in any summer sports camp at North Carolina A&T State University until this form has been completed and is on file with the sports camp staff.

SPORTS CAMP: FOOTBALL BOYS BASKETBALL GIRLS BASKETBALL BASEBALL
VOLLEYBALL SOFTBALL CHEERLEADING
CAMP DATE(S):

PARTICIPANT INFORMATION:

NAME: First MI Last DOB:

HOME ADDRESS: Street Address City State Zip

PARENT/GUARDIAN NAME:

ADDRESS:

PHONE: Home Work Cell

ADDITIONAL EMERGENCY CONTACT NAME:

RELATIONSHIP:

PHONE: Home Work Cell

HEALTH INSURANCE COMPANY: POLICY #:

\*\*Please attach a copy of the front and back of the health insurance card.

MEDICAL HISTORY

DATE OF LAST PHYSICAL: DATE OF LAST TETANUS BOOSTER:
(Physical must have be completed within past 12 months)

DOES THE PARTICIPANT HAVE ASTHMA? YES NO Please provide inhaler, if necessary.

DOES THE PARTICIPANT HAVE ANY ALLERGIES? Please provide Epi-Pen, if necessary.

MEDICATIONS: Yes No
FOOD: Yes No
BEE STINGS: Yes No
OTHER: Yes No

IS THE PARTICIPANT CURRENTLY TAKING ANY MEDICATIONS? YES NO

If yes, please list all medications:

IS THE PARTICIPANT UNDER THE CARE OF A PHYSICIAN FOR ANY MEDICAL CONDITION(S)? YES NO

If yes, please explain:

IS THERE ANY OTHER INFORMATION IN REGARDS TO THE CAMP PARTICIPANT'S MEDICAL HISTORY THAT THE CAMP STAFF SHOULD BE AWARE OF?

**CAMP PARTICIPANT NAME:** \_\_\_\_\_

**ASSUMPTION OF RISK**

Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risk vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the said Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**PERMISSION TO TREAT**

I hereby give permission for the certified athletic trainer, physicians, and/or other health care providers to provide medical care as deemed necessary in the event that my child sustains an injury or illness while attending camp including transportation and hospitalization, if necessary.

**RELEASE OF LIABILITY**

I certify that the information provided is true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information regarding my child’s medical history could jeopardize his/her health and physical well-being and interfere with the camp medical staffs’ ability to provide proper medical care. I further certify that my child has had a physical examination by a physician within the past 12 months and that he/she is physically able to participate in sports camp activities.

In consideration of my child’s participation I hereby agree to release, indemnify and hold harmless North Carolina Agricultural and & Technical State University, its agents, officers, trustees, employees, and representatives, including the Department of Athletics, the coaching and athletic training staff, and camp employees from all claims resulting from any injury or illness sustained by my child while participating in sports camp activities, including overnight stays on campus, if applicable.

Camp Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Copy the front and back of your health insurance card and affix it below.**

FRONT

BACK



**North Carolina A & T State University  
Housing and Residence Life  
LIABILITY WAIVER**

**ATTENTION SUMMER CONFERENCE PARTICIPANTS**  
*(All parents/guardians must sign for students 17 years of age and under)*

Your stay at NCA&T should be a positive experience. We would like to remind you of some of the Campus & Residence Life rules and regulations. For your safety and security, the rules and regulations will be enforced throughout the program.

- 1. All participants are expected to remain on campus during your stay with the program.**
- 2. Possession of or drinking of alcoholic beverages is not permitted.**
- 3. Possession and/or use of marijuana and other controlled substances are illegal and will not be tolerated on campus.**
- 4. Residence Hall quiet hours begin at 12:00 midnight. No noise will be tolerated after that time. If your program's quiet hours are before 12:00 midnight, you must comply with program quiet hours.**
- 5. Lock your room! Hold on to your key! You are responsible for your belongings. Please turn in your key at checkout.**
- 6. No personal guests are allowed in the residence halls except for parents and/or family members registered for the program.**
- 7. For your personal safety, walk with a friend at night.**
- 9. I agree to compensate and/or hold harmless North Carolina A&T State University for damages, arising out of any and all legal actions resulting from my stay in the residence hall.**

I, \_\_\_\_\_, have read and understand the above rules and regulations and acknowledge that any behavior, which is potentially harmful or disruptive to others, may result in removal from the residence hall.

\_\_\_\_\_  
Student name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Emergency Contact Person**

\_\_\_\_\_  
Name (First, Last)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Parent/Guardian (print)  
**(Required if under 18 years of age)**

\_\_\_\_\_  
Parent/Guardian Signature  
**(Required if under 18 years of age)**