



CAMP FIGHTING SCOT

EMERGENCY INFORMATION AND PARENTAL CONSENT FORM

**THIS FORM MUST BE SUBMITTED PRIOR TO ANY PARTICIPATION – IT CAN BE SUBMITTED AT CHECK-IN ON FIRST DAY

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 Camp Fighting Scot and 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
(if 18 years of age or older)

Parent/Guardian

Date