

University of Southern Maine - Summer Sports Camps 2009 Medical History Form & Assumption of Risk

This form must be completely filled out by a parent/guardian, signed and returned in order for the camper to participate in camp. The camper **does not** need to have a physical or have a doctor fill out this form unless the parent/guardian feels it is necessary.

Camper's Name: _____ Birth Date: _____ Sex: ___ Male ___ Female

Please Check Camp you will be attending: REGISTRATION # _____ (Located on camp receipt)

Week-Long Camps

____ Boys' Swish Camp 6/21-25
 ____ Girls' Swish Camp 7/12-16
 ____ Baseball Camp 7/26-30
 ____ Stix Camp 8/2-6

Weekend Specialty Camps

____ Swish Shooting Camp 6/19-21
 ____ Girls' Swish Team Camp 6/26-28
 ____ Advanced Stix Camp 8/7-9

Day Camps

____ Soccer Day Camp 6/22-26
 ____ Boys' Swish Day Camp 7/20-24
 ____ Girls' Swish Day Camp 7/27-31
 ____ Baseball Day Camp 7/27-31

Parent's Name: _____

Father

Mother

Parent's Address: _____

Home Phone #: _____ Father's Work#: _____ Mother's Work#: _____

Other Emergency Contact: _____

Name & Phone #

Relation to Camper

Insurance Information

Is Sports Camp participant covered by insurance? Yes _____ No _____

Name of Insurance Company _____

Address of Insurance Company _____

Cert. # _____ Group # _____ Subscriber's Name _____

Participant Disclaimer

I understand that my child will not be allowed to participate without this form being completed and signed prior to camp check-in.

I understand that I am responsible for payment of all treatment and referrals.

I hereby authorize the University of Southern Maine to release medical information to physicians and others responsible for my child's care.

The University of Southern Maine has my permission to arrange and provide care by staff athletic trainers and/or local emergency personnel in the event that my child is injured or sick and I can not be contacted.

I also understand that the camper is subject to immediate dismissal if he/she does not comply with the camp's rules, or if the campers participation is not in the best interest of the camp. Campers are responsible for any damage inflicted to USM property.

* **Parent / Legal Guardian Signature** _____ **Date** _____

Medical History: Do you have, or have you ever had any of the following conditions? If so, please state date and who cared for you: (if you presently have this condition please state so.)

Asthma: Exercise Induced _____ Allergies: Food _____

Allergy related _____ Skin _____

Are you presently taking any prescription medications? Yes _____ No _____ Drugs/medicines _____

Name of medication _____ Environmental _____

Condition _____

If yes, at check-in please plan to meet with the certified athletic trainer to drop off written instructions regarding special medications.

Loss of/or impairment of paired organ? If yes, explain _____

Do you/should you wear glasses or contacts? If yes, explain _____

Have you had recent surgery? If yes, date _____ explanation _____

Anything else that may affect your play at USM Sports Camps? _____

Have you ever had this condition?	Y/N	Date(s)	Medical Doctor	Notes
Concussion				
Skull Fracture				
Heat Illness (exhaustion/stroke)				
Neck Injury				
Knee Injury				
Ankle Injury				
Back Injury				
Diabetes				
Epilepsy / Convulsions				
Heart Murmur / Condition				
Frequent Headaches				
Fainting spells / Dizziness				

UNIVERSITY OF MAINE SYSTEM - UNIVERSITY OF SOUTHERN MAINE
RELEASE AND ASSUMPTION OF RISK

_____, of _____, being _____ years of age (having been born on) _____,
 (Child's Name) (Address)

Acknowledge, declare and agree as follows:

1 That I have voluntarily agreed to participate in the University of Southern Maine Summer Sports Camps, (the "Camp") from _____ through _____ (dates) and in consideration of being permitted to participate in the Camp, do voluntarily execute this "Release and Assumption of Risk" on behalf of my self, my heirs and next-of-kin, my personal representatives and my estate.

2 That I have been fully informed of the nature, scope and demands of the Camp, and I understand that the Camp may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

* See below for specific risks and dangers of the Camp

3 That the University of Maine System and its University of Southern Maine (hereinafter referred to as the "University") has apprized me that there may be dangers and hazards inherent to participants in the Camp because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Camp and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me which may occur or result directly or indirectly from my participation in the Camp and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4 I declare that I am able to physically withstand and cope with the indicated rigors of the Camp with or without a reasonable accommodation. If an accommodation is needed I will contact the Camp office at 207-780-5514.

5 This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

Assented and agreed to this _____ day _____ of , 20____.

* _____

Signature of Participant **Date**

I, _____, the parent or legal guardian of _____, agree, in consideration of my child being permitted to participate in the Camp, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in Section 3 above with regard to my child participating in the Camp.

Parent or Guardian Signature (if participant is under the age of 18 years)

* Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:

Contact from or with other participants; Contact from or with equipment involved in the sport such as, but not limited to balls, pucks, sticks, pads, etc.; Contact with fixed barriers such as, but not limited to walls, goalposts, water sprinklers, etc; Falls; Accidental sprains, strains or fractures from overstretching or twisting of body parts; Illness associated with the elements such as, but not limited to heat, rain, etc.

Please return this form completed 2 weeks prior to the beginning of camp to:

USM Summer Sports Camps, Athletic Department, 37 College Avenue, Gorham, ME 04038