

PRINCETON

SPORTS CAMPS

PARENTAL RELEASE FORM

Camper's Name: _____

Emergency Contact Name: _____ Phone: _____

I, _____, give permission for _____ to
(Parent/Guardian) (Camper Name)

attend and participate in the Princeton University _____
(Name of Camp) (Dates of Camp)

I authorize the staff of the camp to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. certify that, to the best of my knowledge, the medical information on the attached Health Form is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp.
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to make any claims or demands against camp staff or Princeton University for any injury sustained.
5. agree to allow the Camp Director to use his/her judgment in obtaining necessary medical care, at the expense of the parent.
6. agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.
7. grant the camp staff permission to videotape, photograph or otherwise record my child/ward and to use such recordings and biographical data in any media on a perpetual basis.

I can be reached by phone during the day at _____ and in the evening at _____.

An alternative/emergency contact person is _____

and can be reached by phone at (DAY) _____, (EVE) _____

Insurance Carrier: _____

Policy Number: _____

Policy Holder's Name: _____

In consideration for my son's/daughter's permission to participate in the camp, I release the Trustees of Princeton University, its trustees, officers, agents, employees and student from any and all claims which my son/daughter may have as a result of personal injury or property loss arising out of connected in any way with their participation in camp.

Parent/Guardian Signature: _____ Date: _____

BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for each camp you are attending. If you are attending multiple camps, please make enough copies to hand one in at each camp check-in.

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HEALTH FORM

This form must be completed and signed by the camper's physician and include a copy of the camper's immunization history. A physical may be substituted for this form if the physical was performed within 12 months of the start date of camp, includes immunization history and has a physician's signature.

Camp Name & Session: _____ Camp Dates: _____

Camper's Name: _____

Gender: _____ Age: _____ Height: _____ Weight: _____

Medical History – Please indicate if the above individual has/had the following:

YES	NO		YES	NO	
		Rubella			Pneumonia
		Measles			Diabetes
		Mumps			Epilepsy
		Chicken Pox			Heart Condition

Immunization History – **Please attach a copy of immunization history for the above named.**

Allergy History

YES	NO	
		Is the above named allergic to any medications or drugs? If yes, type:
		Has the above named have/had hay fever, asthma, eczema, or hives? If yes, type and date of last occurrence:
		Is the above named allergic to insect stings? If yes, type:
		Does the above named have any food allergies? If yes, type:

If medication will be taken during camp, indicate the name of drug and dosage:

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations relating directly to the participant's ability to participate in the camp for six or more hours per day: _____

I certify the above-named individual is able to participate fully in the above-named activity, based on physical examination within 12 months prior to said camp date.

Signature of Physician: _____ Date: _____

Physician Address
City
State
Zip Code

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