

TULANE UNIVERSITY ATHLETICS CAMPS
Physical Examination Information

Date ____/____/____

Name of Camp: _____

Name of Participant: _____ Age: ____ Birth date: ____/____/____

Each participant must **EITHER** attach a copy of a physician conducted sports examination applicable to this current academic year **OR** have a physician complete and then sign the form below.

Clearance: (circle one)

A, **Cleared**

B. **Cleared after completing evaluation / rehabilitation for:**

C. **Not cleared for:** **Collision**

Contact

Non-contact: **Strenuous** **Moderately strenuous**

Non-Strenuous

Due to:

Recommendation:

Signature of Physician: _____ **Date:** ____/____/____

Physician's Address: _____

Physician's Phone Number: _____

**TULANE UNIVERSITY ATHLETICS CAMPS
Participant Health Form**

Camp Name: _____ Camp Dates: _____ to _____

Participant's Name: _____

Insurance Information (Please also provide a copy of the insurance card)

Insurance Company: _____ Effective Date: _____

Address of Insurance Company: _____ Phone Number: _____

Policyholder's Name: _____

Relationship to Participant: _____

Policy #: _____ Group #: _____

Does the camper currently have any of the following?

Allergies (list all):

Dietary restrictions:

Please provide any information about current physical, mental or psychological conditions that may affect the camper's ability to fully participate in the program:

Has the participant been hospitalized within the past 5 years? Yes No

If yes, please describe:

Is the participant currently taking any medications (prescriptions and over-the-counter):

Yes No

If yes, please list the medication(s) and dosage:

Camp participants will be held responsible for administering and storing medication(s) during camp.

Is the participant current with all required immunizations? _____ Yes _____ No

If no, explain:

Has your child been exposed to any communicable diseases within the last six months?

_____ Yes _____ No

If yes, explain:

I am the legal parent/guardian of the above named participant. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REQUESTED ABOVE IS COMPLETE AND CORRECT.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____

TULANE UNIVERSITY ATHLETICS CAMPS
Parental Permission and Release of Liability Form

I, _____, am the legal parent/guardian of _____ (“my child”),
(Parent/Guardian Name) (Participant Name)
and give permission for my child to attend and participate in the Tulane University _____,
(Camp Name)

(“CAMP”), which will be held on ____/____/____ to ____/____/____.

In consideration for my child being able to participate in this CAMP, I hereby:

1. Understand and acknowledge that this CAMP affords my child the opportunity to participate in activities, including, but not limited to: [INSERT A LIST OF SPECIFIC CAMP ACTIVITIES HERE]. There are inherent risks associated with these activities, including but not limited to bodily injury, temporary or permanent disability, death and/or property loss. I choose to voluntarily allow my child to participate in this CAMP. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. release, waive, and discharge Tulane University, and Tulane’s agents, officers, administrators, directors, insurers, employees, volunteers and representatives from any and all claims, demands, suits, losses, expenses or liabilities (including attorneys’ fees) sustained by my child as a result of traveling to and from the CAMP’s destinations and/or my child’s participation in any and all CAMP activities, including free time or including any first aid or onsite medical treatment provided by Tulane University, whether caused by negligence of Tulane University, its agents, officers administrators, directors, insurers, employees, volunteers or representatives, or otherwise.
3. Acknowledge that injuries and/or death could occur even where my child and CAMP staff use all due care.
4. Agree to indemnify and hold harmless Tulane University and Tulane’s agents, officers, administrators, directors, insurers, employees, volunteers and representatives for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my child’s negligent or intentional act or omission while participating in this CAMP, including travel to, from, and for the activity, or while on premises owned or controlled by Tulane University.
5. Agree and acknowledge that I know of no medical reason as to why my child should not participate.
6. Authorizes representatives of the University, in the event of an accident or serious illness, to obtain medical treatment, including emergency medical transportation, for my child. I hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may occur during his or her participation in the CAMP. I understand that reasonable effort will be made to contact me, or the emergency contacts listed below, prior to such action.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY.

Parent/Guardian Signature: _____ Date: ____/____/____

Address of Parent/Legal Guardian:

1st Emergency Contact Name: _____ Phone #: _____

2nd Emergency Contact Name: _____ Phone #: _____

TULANE UNIVERSITY ATHLETICS CAMPS

Photographs and Video Consent and Waiver

I, _____, am the legal parent/guardian of _____ (“my child”),
(Parent/Guardian Name) (Participant Name)
and hereby grant permission to Tulane University, and its employees or representatives (“Tulane”) to take and use photographs, videotape and/or digital images of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites.

I acknowledge that Tulane owns all rights to the images and recordings. I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive the right to any royalties or other compensation arising from or related to the used of the images, recordings, or materials.

I have read this document before signing below, and I fully understand the contents, meaning and impact of it. This consent and waiver is binding on me, my heirs, executors, administrators and assigns.

Signature of Parent/Guardian

Date: _____