

# EDGEWOOD COLLEGE PARENTAL AUTHORIZATION & RELEASE OF INFORMATION FORM

EDGEWOOD COLLEGE EAGLES SPORT CAMPS - THIS FORM IS REQUIRED TO PARTICIPATE IN THE CAMP

Camper's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Specific Sport Camp & Date \_\_\_\_\_

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**CAMPER'S HEALTH HISTORY – REQUIRED** All information must be completed in order to participate in the camp.  
*To be completed by camper's parent or legal guardian if under the age of 18.*

### Circle Yes/No/None or Enter Information

YES/NO Asthma      YES/NO Heart Disease      YES/NO Diabetes      YES/NO Head Injury/Concussions

Allergies To Drugs / NONE \_\_\_\_\_ Allergies To Foods / NONE \_\_\_\_\_

Current Medications / NONE \_\_\_\_\_ Skin Conditions/NONE \_\_\_\_\_

Other Medical or Physical Conditions / NONE \_\_\_\_\_

*A doctor's release must be attached if camper is recovering from a recent surgery, illness, injury, skin condition or if he/she will be participating with a cast or splint. NOTE: Camp includes physical activity. Participants are encouraged to be properly conditioned.*

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**INSURANCE INFORMATION – Campers will be responsible for all medical payments.**

Name of Insurance Company: \_\_\_\_\_ Member/ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holders DOB: \_\_\_\_\_

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### CONSENT TO TREATMENT / LIMITATION AND WAIVER OF LIABILITY

I understand that being a participant in the Camp involves risks of physical strain, impact with other persons or objects, and the risks associated with travel. I also recognize that participating involves other inherent risks; all such risks cannot be described as part of this document. I acknowledge that the risks listed above/or emotional injury, up to and including permanent disability or death. In consideration for being granted opportunity to participate in the above activity, I, for my child, myself, my executors, administrators, heirs and assigns, agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Edgewood College, Inc., its Board of Trustees, officers, employees, agents, contractors, or volunteers (collectively referred to as "Released Parties"), for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including but not limited to negligence, resulting from my participation in the above activities of Edgewood College, Inc. (the "University"), including any transportation to and from any such activities. Further, I/we hereby grant permission to the staff and physicians of Edgewood College, Inc., and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment. This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions. I authorize the closest appointed hospital and immediate care facility which is closest to the venue chosen to release medical information regarding the above named participant to interested parties including parents and family physician.

I attest that all of the above listed information, from all sections, is agreeable and correct to the best of my knowledge.

Parent or Legal Guardian's Name (Printed) \_\_\_\_\_

Signature & Date \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**HAND IN THIS FORM AT CHECK IN FOR THE CAMP**