



PARTICIPANT INFORMATION		
Participant's Name	Date of Birth	
Sport	Camp Name	Camp Dates
Home Address		City/State/Zip
PARTICIPANT'S PARENT OR LEGAL GUARDIAN		
Parent/Legal Guardian's Name	Relationship to Participant	Preferred Phone and Email
Home Address		City/State/Zip
EMERGENCY CONTACT		
Name (Must Be Different Than Above)	Relationship to Participant	Preferred Phone and Email
Home Address		City/State/Zip
PARTICIPANT'S MEDICAL INSURANCE		
Insurance Company	Phone #	Group or Policy #
Member or Policy Holder's Name		Member ID #
PARTICIPANT'S COVID-19 INFORMATION		
<b>PLEASE REVIEW AND COMPLETE COVID-19 SECTION ON PAGE 2</b>		
PARTICIPANT'S ALLERGIES OR MEDICATION(S)		
<input type="checkbox"/> This participant has allergies (COMPLETE PAGE 2) <input type="checkbox"/> This participant takes medication (COMPLETE PAGE 2)		
PARENT CONSENT, WAIVER AND RELEASE OF LIABILITY		
<p>I certify that I am _____'s ("Participant") parent and/or legal guardian. I consent to his/her participation in the above Ole Miss Sports Camp. I understand and acknowledge there are inherent risks in participating in any athletic activity during an Ole Miss Sports Camp that can result in losses, damages, injury or death. These risks include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, strains, sprains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I acknowledge and understand the risks of exposure to contagious diseases, including COVID-19, to me, Participant or other family members by Participant's attendance at the Ole Miss Sports Camp. I understand the Ole Miss Sports Camp will have preventative measures and protocols for COVID-19 in place compliant with state and local requirements but I acknowledge, even with such measures, there are risks of infection to COVID-19 to me, the Participant or other family members by Participant's attendance at the Ole Miss Sports Camp. Participant and I knowingly and voluntarily assume any and all risks associated with his/her participation in the Camp, wherever such participation may occur, including Participant's transit to and/or from the Camp.</p> <p>In consideration for Participant's participation in the Camp, Participant and I knowingly, voluntarily and forever waive, release and discharge Ole Miss from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that either Participant or I may incur. Participant and I agree to indemnify, hold harmless and covenant not to sue Ole Miss for any claims, damages, personal injury, illness, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees or any other losses or claims of any kind arising out of Participant's involvement with or participation in the Camp.</p> <p>I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding Participant before he or she engages in any Camp activity. I represent and warrant that I consulted with the appropriate physician or health care provider regarding Participant's physical and/or mental fitness. I represent and warrant that Participant is physically and/or mentally able to participate in the Camp and no physician or other health care provider has advised me or Participant otherwise. Neither I nor Participant are aware of any health condition or impairment that would prohibit or otherwise limit his/her participation. In the event of Participant's illness or injury, I hereby authorize Ole Miss to either administer or secure any and all medical treatment necessary or appropriate for Participant and to arrange transportation for such treatment, if necessary. I understand and agree that Participant and I are financially responsible for all medical or other expenses incurred because of Participant's illness or injury. Participant and I agree to indemnify and hold harmless Ole Miss for any fees imposed by any physician, hospital, ambulance service or other health care provider. Participant and I also agree to release, hold harmless, and forever covenant not to sue Ole Miss for any injury arising out of any medical treatment or the administration of medication that Participant receives. I understand the term "Ole Miss" shall mean and include the Board of Trustees of State Institutions of Higher Learning of the State of Mississippi, the University of Mississippi, and their respective administrators, employees, students, volunteers, agents and/or independent contractors.</p> <p>I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT PARTICIPANT AND I MAY HAVE AGAINST OLE MISS. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OF LIABILITY IS BINDING UPON PARTICIPANT, ME, AND OUR RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND ANY OTHER PERSON WHO PURPORTS TO ACT ON OUR BEHALF.</p>		
Parent or Legal Guardian's Name (Please Print) _____		
Parent or Legal Guardian's Signature _____		Date _____

Please fax completed forms to (662) 915-1833, Attention: Ole Miss Sports Camps.

Ole Miss may require additional medical and other information before Participant is cleared to participate in an Ole Miss Sports Camp.



**PARTICIPANT'S ALLERGIES**

*(Complete this section of form ONLY if participant has allergies)*

- To Foods (list) \_\_\_\_\_ Reaction: \_\_\_\_\_
- To Medications (list) \_\_\_\_\_ Reaction: \_\_\_\_\_
- To the environment /Other (Insect Stings, Hay fever, etc. -list) \_\_\_\_\_ Reaction: \_\_\_\_\_

**PARTICIPANT'S MEDICATION(S)**

*(Complete this section of form ONLY if medications are needed by participant at camp)*

Medication(s) needed by a participant may be administered by the Ole Miss Health & Sports Performance Staff under the following conditions:

- (a) parent/legal guardian must provide written authorization,
- (b) parent/legal guardian must provide the medicine in its original labeled pharmacy container for prescription medication or in the manufacturer's container for over-the counter medications along with the participant's name, medicine name, dosage and timing of consumption,
- (c) the provided medication must be picked up within one week of the termination of the camp or the medication will be destroyed and,
- (d) a personal "epi" pen and/or inhaler may be carried and self-administered by the participant during activities.

Medication Name & Strength:	Dosage:	Times taken each day:	Reason for taking:

**PARENT AUTHORIZATION FOR MEDICATION**

I give permission for the participant to take the above listed medication(s) as directed on the packaging and give permission for the medication(s) to be administered by Ole Miss Health & Sports Performance staff as needed according to the instructions provided.

**\*Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARTICIPANT COVID-19  
(To be completed by ALL)**

1. Have you tested positive for COVID-19? (circle) YES NO
2. If yes, what date?
3. Have you fully recovered from COVID-19?
4. Do you understand that all participants will be asked to self-monitor for symptoms and screened for symptoms to include temperature checks as deemed appropriate by medical staff? (circle) YES NO
5. I understand that while at camp I will immediately report the following symptoms if they occur: cough, shortness of breath, fever, chills, muscle pain, fatigue, headache, sore throat, congestion or runny nose, nausea/vomiting, diarrhea, and new loss of taste or smell  
Initial \_\_\_\_\_

**\*Signature (or parent/guardian if under 18 years)** \_\_\_\_\_ **Date** \_\_\_\_\_