



**TULANE UNIVERSITY ATHLETICS CAMPS
Participant Physical Examination Information**

Name of Camp: _____ Date ____/____/____

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

Each participant must **have a physician complete and sign the following form within 3 months of the camp start date:**

Have you ever been diagnosed with COVID-19? Yes No

If yes, what was the date of diagnoses?

If yes, list any symptoms that you are still experiencing.

Have you received a COVID-19 vaccine?

Date of last vaccine:

Have you ever suffered a heat related illness (cramps, heat stroke, heat exhaustion)?

Have you ever had to receive IV fluids for dehydration?

Do you have any allergies that require the use of an EPI Pen?

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:

FOR USE BY PHYSICIAN:

Athlete presents with no physiological injury or limitation.

If limitations exist, please list:

Athlete's heart and lung sounds are normal with no signs of cardiac or pulmonary distress.

If irregular, please note:

Clearance: (check 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
Insurance 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 #: _____

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

Photographs and Video Consent and Waiver

I, _____, am the legal parent/guardian of _____,
(Parent/Guardian Name) (Participant Name)
("my child"), 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: _____



COVID-19 ATTESTATION FORM FOR SUMMER CAMPS

Participant Name: _____

Sport Camp: _____

Date(s) of Camp: _____

By signing and dating this form, you attest that the participant has satisfied the policy requirements outlined below:

1. Upon date and time of signature, the participant has not developed symptoms that might indicate an infection of COVID-19 (temperature of 100.4 or higher, cough, fatigue, unexplained weight loss, or any sinus symptoms unrelated to seasonal allergies).
2. If the participant develops symptoms related to COVID-19 at any point during the camp, the participant will be isolated from other campers or staff until they are able to be picked up by a parent or guardian. If the participant develops symptoms prior to being dropped off at the camp, they will not be allowed to participate until a negative COVID test is received or all symptoms have subsided.
3. The participant has not been identified as being a close contact to another individual who has tested positive for COVID-19 in the past 10 days.
4. In the event that the participant becomes symptomatic or has a positive test for COVID-19 in the 48 hours after the camp, participant or parent/guardian will contact Tulane University via the camp director to allow Tulane Officials to contact trace according to CDC guidelines.
5. The participant, as well as the parent/guardian, is aware of the mask policy during camp. Should the participant refuse to abide by the mask policy, they will not be allowed to participate.

Signature of Parent or Guardian: _____

Date: _____

Printed Name of Parent or Guardian: _____



**TULANE UNIVERSITY ATHLETICS CAMPS
Parental Permission and Release of Liability Form**

I, _____, am the legal parent/guardian of _____,
(Parent/Guardian Name) (Participant Name)
("my child"), and give permission for my child to attend and participate in the Tulane University
_____, which will be held on ___/___/___ to ___/___/_____.
(Camp Name)

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 #: _____