

Yellow Jacket Sports Camp Final Registration Card

(Please print)

For Team Camp Only

Coach: _____

School: _____

Camper Information

Student Name: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Grad Year: 20____ Date of Birth: ____/____/____ Parents Names: _____

Phone: _____ Email: _____

Church Attended (optional): _____
Name City State

Insurance Information

Insurance Company _____ Ins. Co. Address _____

Ins. Co. Phone # _____ Group I.D. _____ Covered Person's I.D. # _____

Guarantor of Payment _____

In case of emergency, if the Parents/Guardian of this child are not at any of the above numbers, who can we contact?

Home Phone: _____ Bus. Phone: _____ Relationship to Camper _____

Medical Information

Please provide all information requested below. The Athletic Training Staff will be responsible for the immediate health care of your child. However, by Ohio law, medications must be kept with the child and not in the Athletic Training Room. Some exceptions may apply. All medical information will be kept confidential except on a strict need-to-know basis.

Medical Condition(s): _____

Camper's current medications, dosages, schedule and times to be taken each day (Please use reverse side for additional information)

1. _____
2. _____

Allergies:

- Bee/Insect Sting
- Nuts
- Foods (Please Specify): _____
- Medications (Please Specify): _____

Specify over-the-counter (OTC) medications you will permit the YJC Camp personnel to administer to your child. (These are the **only** OTC medications available from the Athletic Training Room.)

- Ibuprofen (Advil)
Dose _____
- Acetaminophen (Tylenol)
Dose _____
- Mylanta
Dose _____

Please use reverse side for additional information.

I approve of my child's participation in the Sports Camps and certify that he/she is in good health and able to participate in all camp activities. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, completely releasing the Cedarville University and all personnel associated with this program from any liability that may result from his/her participation. If medical attention is required for illness or injury while attending camp, I give permission for such care.

Signature: Parent or Guardian: _____