

# Yellow Jacket Sports Camp Medical Release and 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: \_\_\_\_\_