



## Camps Emergency Health Information & Parental Authorization

(Please PRINT or type in BLACK ink)

Note: This form must be presented at the time of camp registration or camper will not be permitted to participate. Each camper must be covered by his or her own medical insurance.

Participant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ EC's Cell: \_\_\_\_\_

EC's Home Phone: \_\_\_\_\_ EC's Work Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Holder's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Most Recent Tetanus: \_\_\_\_\_

Medical Conditions (e.g. allergies, diabetes, asthma, epilepsy, disabilities, etc.): \_\_\_\_\_

\_\_\_\_\_

Current Medication(s): \_\_\_\_\_

\_\_\_\_\_

### Camp / Conference Information

Camp / Conference Attending: \_\_\_\_\_

Camp / Conference Dates: \_\_\_\_\_

### Physician's Information

Physician's Name (print): \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

In consideration of Hope College granting the aforementioned individual permission to participate in a camp at Hope College, I hereby assume all risks of camp activity (including property loss or damage and death) that may result from any activity (including residence hall and/or dining hall activities) while my son/daughter is enrolled as a participant. As parent/ guardian, I do indemnify, defend, and hold harmless Hope College, its Board of Trustees, its Athletics Department, the Hope College sports camp in which my son/daughter is enrolled, and its officers, employees, agents, coaches and instructors, and all participants in the sports camp program from any and all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the participant taking part in sports camp activities.

In the event of an injury, illness, and/or accident involving my son/daughter, I hereby give my consent for medical treatment and permission to a first responder to supervise on-site first aid, to the appropriate camp personnel to properly transport my son/daughter to an appropriate medical facility for care, and to a licensed physician to hospitalize and secure proper treatment (including injections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my son/daughter. I agree to assume any and all costs related to such treatment. I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the aforementioned camp. I understand that I am responsible for any and all medical and/or other charges related to the aforementioned participant's attendance and participation in the Hope College Camps Program. I also understand that registration is not considered complete until this completed and signed form is on file.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date