

UNIVERSITY OF ROCHESTER INSTRUCTIONAL SPORTS CAMP 2009

Camper's Name _____ Attending Session I II

Address _____ Sex _____ Birthday _____ Grade Completing in June _____

City _____ Zip _____ Home Phone _____ Cell _____

Mother's Name _____

Business Phone _____

Home E-Mail _____

For Office Use Only

Father's Name _____

Group _____

Business Phone _____

Family Physician _____

<u>Date</u>	<u>Charge</u>	<u>Payment</u>	<u>Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Phone _____

Person to contact Name _____
 In case of Relation _____
 Emergency: _____
 (Other than parents) Phone _____

Comments or Restrictions _____

Notes:

*****Complete Other Side Also*****

IMMUNIZATION HISTORY

<u>VACCINES</u>	<u>DATE OF BASIC IMMUN.</u> MONTH/YEAR	<u>DATE OF LAST BOOSTER</u> MONTH/YEAR
DPT (Diphtheria, Pertussis, Tetanus)		
<u>MEASLES/MUMPS/RUBELLA</u> (Sabin) ORAL POLIO (Salk)INJECT. POLIO		
<u>INFLUENZA TYPE B</u>		
<u>HEPATITIS B</u>		
<u>VARICELLA (Chicken Pox)</u>		
Other:		

HEALTH HISTORY

<u>CHECK ALL THAT APPLY</u> CONDITION	<u>DATES</u>
<u>ASTHMA</u>	
<u>ALLERGIES</u>	
<u>Hay Fever</u>	
<u>Poison Ivy, etc.</u>	
<u>Insect Stings</u>	
<u>Penicillin</u>	
<u>Other Drugs</u>	
<u>DISEASES</u>	
<u>Chicken Pox</u>	
<u>Measles</u>	
<u>German Measles</u>	
<u>Mumps</u>	
<u>OPERATIONS</u>	
<u>SERIOUS INJURIES</u>	
<u>Peanut Allergy</u>	

FAMILY MEDICAL / HOSPITAL INSURANCE:

CARRIER: _____ POLICY OR GROUP # _____

CERTIFICATION OF HEALTH / EMERGENCY WAIVER STATEMENT OF RISK AND LIABILITY

This is to certify that my son/daughter is in good health and has no physical condition that would prevent him/her from participation in the camp. In the event of the Camp's inability to locate promptly the person designated to be notified in case of emergency, I give my permission to Camp Authorities to take such emergency measures as they deem appropriate until such time as I can be notified.

In consideration for allowing _____ to participate in the University of Rochester Instructional Sports Camp, I, as his/her parent/guardian represent and affirm to the University of Rochester that:

1. I understand that participating in athletics and other camp activities involves a risk of injury or other harm.
2. All such risks are being assumed knowingly and voluntarily, including, but not limited to, those associated with travel to and from Camp activities.
3. I will not hold the University, its employees and agents responsible for any injury or other harm that results from participation in the camp, unless the injury or harm is caused intentionally or by gross negligence.

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE

DATE