



Required information for All Camp participants. Your application will not be complete until this form is filled out completely and submitted

Name of Camper \_\_\_\_\_ Date \_\_\_\_\_

Primary Emergency Contact:

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Contact Number(s) (include area code) \_\_\_\_\_

Secondary Emergency Contact

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Contact Number(s) (include area code) \_\_\_\_\_

Medical Information:

Date of last physical \_\_\_\_\_

Contact information for Pediatrician/Family physician:

Name of Physician \_\_\_\_\_ Name of Practice \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mailing Address \_\_\_\_\_

List all allergies to medications \_\_\_\_\_

List any allergies to food \_\_\_\_\_

List any recent injuries or surgeries that camp staff should be aware of \_\_\_\_\_

List any medical condition(s) that our physicians should be aware of (Asthma, Diabetes, High Blood Pressure, Recent Concussions, and Sickle Cell Status) \_\_\_\_\_

List all prescription medications which you are currently taking \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

Release for Medical Treatment:

Since most of the students attending the camp are under 18 years of age, it is necessary that the appropriate medical personal have the parent's permission to administer treatment in the event of accident or sudden illness.

I hereby authorize any medical treatment which may be advised or recommended by the attending/Emergency Room physician of (Camper's name) \_\_\_\_\_ while at Elon University in Elon, NC

Insurance Coverage:

Please provide the requested insurance information for your current insurance provider.

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mailing Address for Claims \_\_\_\_\_

Please Submit a front and back copy of your insurance card with this completed document.

Release and Waiver of Liability:

(Please read carefully before signing)

The undersigned hereby acknowledges that their participation in this camp is voluntary and related activities involve an inherent risk of physical injury. The undersigned, on behalf of the registrant, hereby assumes all risks associated with participation and does release Elon University and its camp employees and all agents from any and all liability associated with unforeseen bodily and personal injuries that they may incur. The undersigned understands that all activities involved in camp, from initial on site orientation or registration to the conclusion of camp on the final day involve risk and that Elon University is not responsible for any injury or illness that may occur as a result of attendance at the camp, to include camp activities, dormitory activities, free time, failure of any equipment or defect in the premises. I understand that any injury or illness that occurs during Elon University camp is the sole responsibility of the injured party. (Undersigned is the legal guardian of the participant)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_