

Camp Attending: _____

CURTIS WALKER FOOTBALL CAMP at CATAWBA COLLEGE
Medical/Indemnity/Code of Conduct Agreement
2017 Camps

In order to attend this camp, this form must be **signed by a parent/guardian** and **signed by the participant**. Your child will not be allowed to participate in a camp at CURTIS WALKER FOOTBALL CAMP at CATAWBA COLLEGE without this form being completed, signed and turned in at registration.

Participant Name: _____ Date of Birth: _____
Address of Parent/Guardian: _____
Address City State Zip: _____
School Name: _____

EMERGENCY INFORMATION

Person to notify in case of emergency: _____
Name Relationship: _____
Emergency Phone: Day: _____ Night: _____ Cell: _____
Medical Information: Date of last Tetanus Immunization _____
Any allergies to medicine? Yes ___ No ___
If so, list: _____
Any current or past health conditions physicians/trainers should be aware of: _____
Family Health Insurance Policy Number _____ Health Carrier Name _____
Address of Health Carrier: _____
Street, City, State, Zip: _____

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Curtis Walker Football Camps and Catawba College, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during camp, regardless of cause, including negligence on the part of any person identified above. I also give Curtis Walker Football Camps and Catawba College permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the camp/college rules and regulations and the code of conduct developed for this camp. I have read the code of conduct on back of this form, and I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent or Guardian (*circle relationship*): _____
Print Name: _____
Signature Date: _____

CAMPER MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS CAMP

I understand that as a participant of this camp I must abide by the camp/college rules and regulations and the code of conduct developed for this camp. I also understand that if I fail to adhere to the rules, regulations, and code of conduct it may result in my immediate dismissal from camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the camp.

Participant: _____
Signature Date: _____

(Optional) Harris Regional Medical Center recommends (does not require) that this form be notarized to expedite medical treatment of your son or daughter by health care providers

State of _____ County of _____, I, _____, a Notary Public of said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20____.

Notary Public _____ My commission expires: _____

(Optional) NOTARIAL SEAL:

Do Not Mail
IN ORDER TO PARTICIPATE IN CAMP, YOU MUST BRING THIS TO REGISTRATION