USJDP Junior/19U Prep Camp Health & Consent to Treat Form

(You WILL NOT be allowed to participate in camp without this completed form. Please mail it to the USJDP at the following address *PRIOR* to the start of camp: 29310 Buchanan Drive, Evergreen, CO 80439)

Camper: _____ DOB: _____ Mom: _____ Dad: _____

Address _____ City _____ St. _____ Zip _____

Contact Numbers:

Mom H:_____ W: _____ Cell: _____

Dad H:_____ W: _____ Cell: _____

Mom email: _____ Dad: _____

Emergency Contact Info:

Name: _____ Relation _____

Emergency Contact Numbers: (_____)_____

HEALTH & GENERAL HISTORY

On the back of this sheet of paper, please answer the following questions, ***if applicable***:

1. The camper should be restricted from any activity.
2. If the camper will be taking medication during camp, please indicate name of drug and dosage.
3. Identify any medical conditions or medical history that would require special attention.
4. Is your Tetanus Shot up to date? Y / N What date? _____

I hereby certify that the named camper is physically able to participate in the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Parental Signature: _____ Date: _____

HEALTH INSURANCE INFORMATION

Insurance Carrier Name: _____

Policy Number: _____ Group/Plan #: _____

Policy Type: HMO PPO POS COBRA Customer Service Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named player to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release the U.S. Junior Development Program, its staff and employees, agents, management, coaches, and sponsors from any liability for any injury or illness incurred while participating in this camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF THESE ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at the camp. My medical insurance shall be the primary insurance coverage for any medical treatment needed. I further understand that the U.S. Junior Development Program (USJDP), retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp. I/we understand and acknowledge the risk upon entering events sponsored by USJDP, I/we understand and appreciate that participation or observation of the sport constitutes a risk to me/ us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release USJDP, arena owners and/or lessees, their sponsors, event organizers and officials from any liability therefore.

Signed _____ Date: _____