

CLEMSON CAMP OF CHAMPIONS

at Clemson University
Medical Release Form

Player's Name: _____
Last First MI

Camp Dates Attending: _____

Parents' Name: _____

Home Phone: _____ Bus. Phone: _____

Emergency Contact: _____

Name

Telephone

Medical History

1. Date of Last Tetanus: _____
2. Allergies (to drugs/food/asthma etc.): _____
3. Is your daughter currently under the care of a physician? Yes _____ No _____
If yes, please explain: _____
4. Is your daughter taking medication prescribed by a physician? Yes _____ No _____
If yes, please list all medications: _____
5. Other Information: _____

Insurance Information

Company Name: _____ Policy # _____

Negative Covenant, Hold Harmless Agreement and Medical Release for Camper:

I understand that the Clemson Camp of Champions, at Clemson University is not a function of Clemson University, and that Clemson University is not responsible for camp activities. I understand that a risk of participating in any sport and/or camp activities has the possibility of sustaining an injury. In consideration for acceptance of my child as a camper, I do hereby agree that I shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of participating at Clemson Camp of Champions. In addition, I hereby indemnify and hold harmless Clemson University and Clemson Camp of Champions, Inc. and their agents and employees, from and against any and all claims by any third parties arising out of my child attendance at the Clemson Camp of Champions, Inc. at Clemson University.

Parent/Guardian Signature: _____ Date: _____

Send form to: Women's Soccer
Jervey Athletic Center
100 Perimeter Rd
Clemson, SC 29634