

Oswego State Athletics
Summer Camp Health Record
And Parental Permission/Hold Harmless Agreement



NOTE: NO CAMPER WILL BE ALLOWED TO PARTICIPATE WITHOUT A COMPLETED HEALTH FORM. Health Form must be received no later than 10 days prior to camp start date. IT IS ADVISED THAT YOU MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Camp(s) Attending: _____ Session or Camp Date(s): _____
(one form allows camper to participate in multiple camps, but all camps must be listed)

Camper Name: _____ DOB: ____ / ____ / ____ Age: _____ Gender: Boy Girl

Primary contact: _____ Relationship: _____

Day Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Emergency contact: _____ Phone: (____) _____

I give my child, identified above, permission to participate in the Oswego State Athletics Summer Program (camp or clinic) listed. In addition, I give permission for my child to go swimming, if applicable, in the Oswego State Laker swimming pool.

_____ (initial here if permission is allowed)

I am aware of the inherent dangers and risks involved in summer camps and clinics, swimming and other physical activities including: bodily injury to the eyes, nose, head neck or back; sprains, fractures, breaks or dislocations of the joints or limbs; lacerations or concussions.

I understand that Oswego State **does not** provide any **accident or medical insurance** for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy provisions listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. NOTE: Your child **will not be allowed to participate** in our camp(s) unless your medical insurance provider and policy number are provided below:

Insurance Co.: _____ Name of Policy Holder: _____

Policy/ID No.: _____ Insurance Co. Phone: (____) _____

Insurance Co. Address: _____

Are there any conditions that limit the child's ability to participate in all camp related activities? If yes, please give specific details and limitations below:

Does your child have any allergies we should be aware of? If yes, please list below:

Is your child currently taking any medications? If yes, please list medications and possible side-effects below:

Please list the person(s), other than the parent or guardian, that you child may be released to at the end of each camp session below:

Medical Treatment Authorization

In the event of an injury or illness, I give permission for my child, _____ to be treated by a qualified athletics trainer, nurse or licensed EMT and/or emergency room staff at the local hospital.

(signature of parent or guardian) (date)

I agree that my child must turn in his/her car keys, if applicable, to camp staff at check-in if driving himself/herself to camp.

I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Oswego State and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Oswego State.

(parent or guardian please PRINT name here) (date)

(signature of parent or guardian)

A photocopy of your child's Record of Immunizations must be obtained from your physician and submitted on the physician's stationary.

PLEASE RETURN ALL FORMS TO:
Oswego State Summer Athletic Camps
SUNY Oswego
Laker Hall
Oswego, NY 13126-3599

Fax: (315) 312-6397