Southern Miss Athletic Training Student Workshop

WAIVER AND CONSENT FORM

I, the undersigned, hereby certify that I am the parent/legal guardian of _____ (name of camper). I hereby give permission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, understand that **Athletic Training duties** require activities where injuries may occur during the participation at Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and/or individualized supervision at all times. I hereby acknowledge that my child is physically fit, and mentally capable of participating in practices, games, and all camp activities as stated in his/her included prior Pre-Participation Physical Examination and/or my parental/legal guardian signature below.

I, the undersigned, hereby acknowledge and understand that "SOUTHERN MISS Athletic Training Student Workshop" is a privately run sports/academic camp and operated thru the University of Southern Mississippi. I waive, release, and forever discharge "Southern Miss Athletic Training Student Workshop" from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

X_____ _____ _____

Parent/Guardian Signature Date Printed Name

EMERGENCY CONTACT INFORMATION

Home Phone #: ( )_____ Work Phone #: ( )_____

Emergency Phone #: ( )_____ Contact Name: _____

Cell Phone #: ( )_____ Contact Name: _____

**Special instructions regarding the care of your child while at camp:*

_____

INSURANCE INFORMATION

Insurance Company Name: _____ Policy #: _____ Group #: _____

Policy Holder's Name: _____ Relationship to Camper: _____

*Special instructions regarding Submission of Insurance:

_____

*****PLEASE SEND MEDICAL AND CONSENT FORMS TO: (address of camp)***