

Health & Release Form

Camper's Name: _____ Camp Dates: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Health and General History:

If the camper should be restricted from any activity please note: _____

If the camper will be taking medication during camp, please indicate name of drug and dosage: _____

Please identify any medical condition or medical history that would require special attention: _____

I hereby certify that the named camper is physically able to participate in the Northridge Camp at CSUN 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:

Signed: _____ Date: _____

Health Insurance Information

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

I, (parent if under 18yrs) _____, give the permission for the named camper to receive 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 Staff, Camp Management and any sponsors from any and all liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signed: _____ Date: _____

TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE

NOT TO SUE the person or entity responsible for administering the Summer tournament, California State University-Northridge, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as “releasees”) from any and all liability, claims, actions, demands, expenses, attorney’s fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the camp.

Please have the parent sign if the individual is under 18.

Signature: _____ Date: _____