

**FOOTBALL CAMP  
RELEASE AND MEDICAL INFORMATION**



I hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any sports camp activity (including residence hall activity and transportation). As parent/guardian, I agree to indemnify, defend and hold harmless the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the sports camps and their officers, employees, agents, instructors and all participants in the sports camp program from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the student taking part in sports camp activities.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the Panther Sports Camp.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in camp activities.

PLEASE PRINT ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE FINAL UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED PRIOR TO THE START OF CAMP.

Student's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

Any serious medical conditions (i.e. diabetes, asthma, epilepsy, etc.) \_\_\_\_\_

Medications currently taken and for what conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_