

# DAYTON

FOOTBALL

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Second Contact Name & Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions / Injuries we should know about:  
\_\_\_\_\_

List of Medications Currently Taking: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the University of Dayton athletic trainer, a member of the athletic trainer's staff, the staff of the University of Dayton Student Health center and / or any other medical facility designated by said persons to provide the necessary medical services for treatment of illness or injury, including diagnostic procedures such as laboratory tests and x-rays to: \_\_\_\_\_

*Name of Participant*

I understand that I will be notified in case of serious illness or injury, or if surgical treatment is necessary. I also am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the University of Dayton Football Camp being held at the University of Dayton. I further declare and warrant that I, as well as my child, am / are covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in this event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Waiver and Release**

I, intending to be legally bound, do hereby, for myself, my child, my family, my heirs, executors and administrators, waive, release and forever discharge any and all right and claims for damages, which my child may have or which may hereafter accrue to them against the University of Dayton, Day Camps LLC, or its or their respective officers, employee, agents, representatives, successors and / or assigns; for any and all damages which may be sustained or suffered by them in conjunction with the association in and / or rising out of their traveling to or returning from the Dayton Football camp to be participated in at Dayton, OH.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_