



YOUTH CAMP/CLINIC REGISTRATION

CAMP NAME _____ SCHOOL _____

PERSONAL INFORMATION

STUDENT NAME _____ D.O.B. _____ AGE _____
HOME ADDRESS _____ CITY _____ ZIP _____
PARENT/GUARDIAN NAME _____ PHONE _____
PARENT/GUARDIAN NAME _____ PHONE _____
EMERGENCY CONTACT _____ PHONE _____
PHYSICIAN _____ PHONE _____

INSURANCE

PUSD requires proof of insurance as a condition of participation in all extra-curricular activities. If you do not have health insurance, it is offered through a 3rd party vendor which can be found at www.studentinsurance-kk.com. Students and parents are responsible for their own insurance.

I HAVE INSURANCE () YES () NO (student is not eligible to participate)

INSURANCE COMPANY _____ POLICY # _____

HEALTH SCREEN

Has a doctor ever denied or restricted your participation in sports? () NO () YES _____
Do you have an ongoing medical condition (ie: diabetes, asthma, etc)? () NO () YES _____
Are you currently taking any prescription or non-prescription medicines? () NO () YES _____
Do you have any allergies to medicines, pollens, foods, or stinging insects? () NO () YES _____
Has a doctor ever told you that you have () high blood pressure, () heart murmur, () high cholesterol, () heart infection
Any other concerns you would like to share with camp staff?

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Parent/Guardian signature _____ Date _____

CONSENT TO TREAT

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

I, _____, the undersigned, am the parent/legal guardian of _____, a minor attending camp/clinic at _____ (name of school) who intends to participate in extracurricular activities. I understand that the school/district may employ or designate Qualified Medical Professionals to be present before, during or after extracurricular activities. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's camp/clinic coaches, athletic director, or school nurse.

Parent's (Guardian) signature _____ Date _____

RELEASE OF LIABILITY, ASSUMPTION OF THE RISK

Please read this document completely. By signing this waiver, you are assuming the risks of injury and/or damages incurred while your child and you are participating in Athletics and Extra-Curricular Activities at Peoria Unified School District and releasing the District from any claims, suits, damages and expenses related thereto.

I hereby acknowledge that my child, if I am signing for them as their legal parent/guardian, or myself, voluntarily desires to participate in athletic (or extra-curricular activities) at "Peoria Unified School District (District). These activities include, without limitation intramural sports, District sponsored events and/or any other sport or activity associated, sponsored or affiliated with the District. I recognize and expressly agree that participating in any sport or activity associated with athletics is an inherently dangerous activity. Further, I recognize that injuries or damages can occur despite the District's best efforts to avoid them and that the District cannot guarantee Participant's Safety.

Waiver and Release from Liability:

In consideration of permission to participate in all activities, today and for all future dates I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the District, its board, officers, employees and agents for any damages, injuries, accidents, illnesses or property loss to myself or others arising from my child's/my participation in activities, classes, observation or use of facilities, premises, or equipment.

Assumption of Risks:

There are many risks associated with participation in extra-curricular and/or physical activities. The risks range from minor injuries, such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, broken bones, concussions and brain injuries to catastrophic injuries including paralysis and death. I hereby acknowledge that my child's, or my participation is voluntary and that I knowingly assume all such risks. I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Arizona.

Acknowledgement of Understanding:

I have read this Waiver and Release of Liability and fully understand its terms. I acknowledge that I am signing the agreement freely, voluntarily, and intend by my signature, to be a complete and unconditional release of all liability to the greatest extent allowed by law. This document applies for the entire duration of my child's, or my participation in school physical activities and sports at the Peoria Unified School District.

Student (Participants) Name _____ Date _____

Parent's (Guardian) signature _____ Date _____