

University of South Carolina Aiken – Sports Camps Medical Form

This form must be completed and signed by the camper's parent or legal guardian. **THIS FORM WILL BE RETURNED IF IT IS NOT COMPLETE. PLEASE PRINT CLEARLY!**

CAMPER INFORMATION

Camper's Name _____ Last 4 digits of Social Security# _____
Permanent Address _____ Date of Birth _____
City, State, Zip _____ Home Phone # _____

MEDICAL EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT FIRST: NAME _____
RELATION TO CAMPER _____
DAYTIME PHONE # _____ EVENING PHONE # _____
BACKUP CONTACT: NAME _____
RELATION TO CAMPER _____
DAYTIME PHONE # _____ EVENING PHONE # _____

INSURANCE POLICY INFORMATION

THE ABOVE-NAMED CHILD IS COVERED BY HEALTH INSURANCE: (Circle One) YES - NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

POLICY HOLDER'S (PH) NAME _____ P.H. DATE OF BIRTH _____
ADDRESS _____
RELATION TO CAMPER _____
CITY, STATE, ZIP _____
OCCUPATION _____
PH'S EMPLOYER _____ INSURANCE COMPANY _____
INSURANCE COMPANY'S ADDRESS _____
POLICY # _____
PLAN _____

PERMISSION TO TREAT & MEDICAL RELEASE

Check ONE of the following and sign below:

_____ In the event of illness or injury, I understand that every attempt will be made to contact me before medical action is taken. However, in the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery. I will be responsible for any medical or other charges connected with my child's attendance at the camp.

_____ I DO NOT want any type of medical treatment provided to my child.

Parent/ Guardian Name

Parent/ Guardian Signature

Date

DIRECTIONS: TO BE COMPLETED BY LEGAL GUARDIAN. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE PRINT CLEARLY AND ATTACH ANY SPECIFIC RECOMMENDATION FROM YOUR PHYSICIAN TO THIS FORM.

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? (IF YES, PLEASE DESCRIBE)

DRUG ALLERGIES? NO YES _____ FOOD ALLERGIES? NO YES _____
ALLERGIES TO INSECTS? NO YES _____ SPECIAL DIETARY NEEDS? NO YES _____
ASTHMA? NO YES _____ FREQUENT HEADACHES? NO YES _____
DIZZINESS OR SEIZURES? NO YES _____
LIST: OTHER HEALTHPROBLEMS _____

IS THE CAMPER CURRENTLY TAKING MEDICATION? NO YES- IF YES,
WHAT?: _____

PLEASE NOTE: Our staff cannot administer any medications, prescription or otherwise, to campers. This includes over-the-counter medications like Advil or Tylenol for minor headaches or pains. If the camper will need to take medication while attending our camp, he must bring the medication to camp and assume responsibility for taking it as needed.

WILL YOUR SON/ DAUGHTER REQUIRE ANY SPECIFIC TREATMENT FOR A MEDICAL/ EMOTIONAL CONDITION WHILE PARTICIPATING IN OUR CAMP? NO YES
IF YES, PLEASE
DESCRIBE: _____

MEDICAL HISTORY

IMMUNIZATION DATES: MEASLES _____ MUMPS _____ RUBELLA _____
MMR(COMBINED) _____ LAST TETANUS _____ POLIO SERIES _____
DATE OF LAST CHECK_UP _____
REASONS FOR ANY HOSPITALIZATION IN THE PAST 5 YRS? NO YES_IF YES,
EXPLAIN _____

PHYSICIAN'S INFORMATION

PHYSICIAN'S NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE# _____



HCG Enterprises Treatment & Media Usage Parental Consent Form

Important: Each person who attends HCG Soccer Academy must have this form completed in full, on their behalf by a parent or legal guardian if under 18 years of age.

Section A

Name of Participant: _____ Name of Camp attending: _____
Date of Birth: _____ Age: _____ Grade: _____

Section B (Medical Treatment & Liability Release)

I/We, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend HCG Soccer Academy and fully participate in all activities thereof. In order that my daughter receive the necessary medical treatment in the event of an injury or illness, I hereby authorize HCG Soccer Academy to obtain medical treatment for my child for such an injury or illness during camp, and hereby release and agree to hold harmless the University of South Carolina Aiken, HCG Enterprises, their agents, employees, and representatives from any and all claims and liability arising in any way out of their exercise of this authority. I understand and agree that all bills for medical care treatment will be forwarded to my insurance company, or me and that it will be my responsibility to see that bills are paid. I/We further acknowledge, understand and agree that in participating in the camp, there is a possibility of physical illness or injury and that my son or daughter is assuming risk of such injury by their participation.

(Parent's Signature or Participant's if over 18)

(Date)

Section C (Cancellation and Refund Policy)

There will be a \$50 administrative fee for all refunds. There will be no refunds for expulsion from camp, for voluntary withdrawal from camp, or for injuries sustained prior to camp or at camp. We can only provide a refund if we receive written (or email) documentation 1 week prior to the beginning of camp that you will not be able to attend. After that time no refunds can be given. The application processing fees and online convenience fees are non-refundable.

Name of Participant: _____ Parent/Guardian Name (if under 18): _____

Signature (Guardian if under 18): _____ Date: _____

HCG Enterprises Soccer Camp Release for Media Usage

I, the undersigned, do hereby consent and agree that the University of South Carolina Aiken, HCG Enterprises and its employees or agents have the right to take photographs, videotape or digital recordings of my child/children, or myself, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of HCG Soccer Academy. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to HCG Soccer Academy, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child/children, either for initial or subsequent transmission or playback.

I also understand that HCG Soccer Academy is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Participant: _____ Parent/Guardian Name (if under 18): _____

Signature (Guardian if under 18): _____ Date: _____