



**VALDOSTA STATE UNIVERSITY**  
**RELEASE AND WAIVER OF LIABILITY MEDICAL HISTORY FORM**

**Check One:**

- Instructional Camp, June 8-11, 2009
- Player Development Camp, June 15-17, 2009
- Post Player Camp, June 18-19, 2009
- Shooting Camp Session I, June 27, 2009, 10 am - Noon
- Shooting Camp Session II, June 27, 2009, 1 – 3 PM

**PLEASE PRINT NEATLY**

**ALL AREAS OF THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO CAMP PARTICIPATION**

Camper's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
MM/DD/YY

Parent/Guardian's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Does camper have allergies? \_\_\_ No \_\_\_ Yes, List: \_\_\_\_\_

Is camper currently on medications? \_\_\_ No \_\_\_ Yes, List: \_\_\_\_\_

Does camper have loss of a paired organ (kidney, eye, etc.)? \_\_\_ No \_\_\_ Yes, List: \_\_\_\_\_

**If you have a yes answer to any of the above,  
you must include a physician's permission to participate.**

**IN CASE OF EMERGENCY**

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

Home & Work & Cell Phone \_\_\_\_\_

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

Home & Work & Cell Phone \_\_\_\_\_

Other Emergency Contact Name & Phone \_\_\_\_\_

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

Policy Holder Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Any instructions regarding your insurance \_\_\_\_\_

I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of (**Print Camper's Name Here**) \_\_\_\_\_ understand that basketball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident the he/she is able to engage in such sport.

For the sole consideration of my child's participation in the Camp as outlined, above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Valdosta State University.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

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

Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

**Please complete this form and return it with your non-refundable deposit or payment in full to reserve your space!**