

**CAMP MEDICAL AND REGISTRATION FORM
ELON UNIVERSITY FOOTBALL CAMP**

Camper Name: _____ T-Shirt Size: _____

High School: _____ Grade: _____

Home Address: _____ Position: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Policy Holder: _____

Policy Number: _____

Insurance Company: _____

Mailing Address for Claims: _____

Note: Your insurance will be the primary source of coverage if your child is injured or illness occurs. The camp insurance policy is a secondary policy covering expenses that your policy does not cover.

Physician's Name: _____

Any known Allergies, Illnesses, or Injuries: _____

Date of last Tetanus Booster: _____

Medications Camper will bring: _____

This will certify that I am the legal guardian for _____ and that he has had an adequate medical examination within a one year period after July 7th, 2007 and is physically able to participate in the activities of the Elon Football Camp. Applying for acceptance, I waive and release all rights and claims for any and all damages against the Elon Football Camp and its representatives. I hereby release and exonerate the camp and its employees from any injuries incurred in camp or on the way to and from camp.

I hereby state that the Elon Football Camp is not responsible for any preexisting injury or reoccurrence of any undisclosed preexisting illness or injury of the above camper prior to the first day the camper registers. The Elon Football Camp will assume responsibility only for injuries incurred while the above camper is participating in camp activities under supervision during camp periods. I give my written permission for my child to be treated by a medical doctor if deemed necessary by trainers or coaches responsible for camp operation.

Parent or Guardian Signature: _____ Date: _____

Print Name: _____

Coaches: Please make as many copies of this form as you need for your team.