

Camp Attending: \_\_\_\_\_

**LOF Football Camp**

**Medical/Indemnity/Code of Conduct Agreement**

In order to attend this camp, this form must be *signed by a parent/guardian* and *signed by the participant*.

Your child will not be allowed to participate in a LOF Football Camp or Camp at WESTERN CAROLINA UNIVERSITY without this form being completed, signed and turned in at registration.

**The Code of Conduct is on the second page of this form.**

**Participant Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address of parent or guardian: \_\_\_\_\_

**Address City State Zip**

**School Name** \_\_\_\_\_

**EMERGENCY INFORMATION**

**Person to notify in case of emergency** \_\_\_\_\_

Name Relationship

**Emergency Phone: Day ( )** \_\_\_\_\_ **Night ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**Medical Information:** Date of last Tetanus Immunization \_\_\_\_\_ Any allergies to medicine? Yes \_\_\_ No \_\_\_

If so, list \_\_\_\_\_

Any current or past health conditions physicians/trainers should be aware of \_\_\_\_\_

Family Health Insurance Policy Number \_\_\_\_\_ Health Carrier Name \_\_\_\_\_

Address of Health Carrier \_\_\_\_\_

Street City State Zip

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless LOF Football Camps and Western Carolina University, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during camp, regardless of cause, including negligence on the part of any person identified above. I also give Western Carolina University permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the camp/university rules and regulations and the code of conduct developed for this camp. I have read the code of conduct on back of this form, and I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

**Parent or Guardian (circle relationship):** \_\_\_\_\_

Print Name

Signature Date

**CAMPER MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS CAMP**

I understand that as a participant of this camp I must abide by the camp/university rules and regulations and the code of conduct developed for this camp. I also understand that if I fail to adhere to the rules, regulations, and code of conduct it may result in my immediate dismissal from camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the camp.

**Participant** \_\_\_\_\_

Signature Date

*(Optional) Harris Regional Medical Center recommends (does not require) that this form be notarized to expedite medical treatment of your son or daughter by health care providers*

State of \_\_\_\_\_ County of \_\_\_\_\_ I, \_\_\_\_\_, a Notary Public of said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

*(Optional) NOTARIAL SEAL:*

**Do Not Mail**

**IN ORDER TO PARTICIPATE IN CAMP YOU MUST BRING THIS TO REGISTRATION**