



Required information for All Camp participants. Your application will not be complete until this form is filled out completely and submitted

Name of Camper _____ Date _____

Primary Emergency Contact:

Name _____ Relation to Camper _____

Contact Number(s) (include area code) _____

Secondary Emergency Contact

Name _____ Relation to Camper _____

Contact Number(s) (include area code) _____

Medical Information:

Date of last physical _____

Contact information for Pediatrician/Family physician:

Name of Physician _____ Name of Practice _____

Telephone Number _____ Mailing Address _____

List all allergies to medications _____

List any allergies to food _____

List any recent injuries or surgeries that camp staff should be aware of _____

List any medical condition(s) that our physicians should be aware of (Asthma, Diabetes, High Blood Pressure, Recent Concussions, and Sickle Cell Status) _____

List all prescription medications which you are currently taking _____

Date of Last Tetanus Booster _____

Release for Medical Treatment:

Since most of the students attending the camp are under 18 years of age, it is necessary that the appropriate medical personal have the parent's permission to administer treatment in the event of accident or sudden illness.

I hereby authorize any medical treatment which may be advised or recommended by the attending/Emergency Room physician of (Camper's name) _____ while at Elon University in Elon, NC

Insurance Coverage:

Please provide the requested insurance information for your current insurance provider.

Insurance Company Name: _____

Policy Holder: _____ Policy Number _____

Telephone Number _____ Mailing Address for Claims _____

Please Submit a front and back copy of your insurance card with this completed document.

Release and Waiver of Liability:

(Please read carefully before signing)

The undersigned hereby acknowledges that their participation in this camp is voluntary and related activities involve an inherent risk of physical injury. The undersigned, on behalf of the registrant, hereby assumes all risks associated with participation and does release Elon University and its camp employees and all agents from any and all liability associated with unforeseen bodily and personal injuries that they may incur. The undersigned understands that all activities involved in camp, from initial on site orientation or registration to the conclusion of camp on the final day involve risk and that Elon University is not responsible for any injury or illness that may occur as a result of attendance at the camp, to include camp activities, dormitory activities, free time, failure of any equipment or defect in the premises. I understand that any injury or illness that occurs during Elon University camp is the sole responsibility of the injured party. (Undersigned is the legal guardian of the participant)

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____