

2010 *Ole Miss* SOCCER CAMP !!

MEDICAL RELEASE INFORMATION

Name of Camper _____

SS# _____

Date of Birth _____

Parents/Guardians _____

Address _____

City, State and Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

School and Grade _____

Emergency Contact _____

Emergency Phone _____

Emergency 2nd Phone _____

Permission: I give permission for The University of Mississippi medical personnel to administer first aid and/or provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.

Parent/Guardian Signature & Date _____

Indemnity Waiver: I hereby request that you accept this registrant for the Ole Miss Sports camp during the dates sets forth on this application. I hereby release The University of Mississippi and all of its employees from any claims on the account of injuries that may be sustained by the participant while attending this Ole Miss Sports Camp.

Parent/Guardian Signature & Date _____

Insurance: Each Camper will be covered under a secondary insurance policy that is provided by The University of Mississippi. If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider. If the camper is covered by a current health insurance, please provide the following information.

Insurance Company Name _____

Group Number or Policy Number _____

Policy Holder's Name _____

----- This section must be completed by physician** -----

Medical Release/Screening (must be completed by a physician)**

I have examined the camper named above on this form and found the camper to be free from injuries or conditions that would limit participation in athletics. I recommend that this person be accepted for this Ole Miss Sports Camp. This information is confidential and will be retained as part of each camper's records.

Physician's Name _____

Physician's Address _____

Physician's Phone _____

Allergies _____

Previous Injuries _____

Other information _____

Physician's Signature _____ Date _____

*** A copy of a sports physical within one year of the date of camp being attended may be substituted for a physician's signature.*