

**2019 CAMP MEDICAL FORM
MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE**

Note: This form is required prior to participation in sport camps or clinics. Participation will not be permitted until this form has been completed, signed, and is on file with the sports camp.

CAMP INFORMATION

Sport: _____

Camp Name: _____ **Camp Date(s):** _____

PARTICIPANT INFORMATION

Name: _____ **Age:** _____ **Date of Birth:** _____

Home Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship to Participant:** _____

Phone: Cell () Work () Home ()

HEALTH INSURANCE INFORMATION

***For overnight camps, please attach copy of insurance card**

Family Physician: _____ **Phone:** ()

Insurance Company: _____ **Group #:** _____ **Policy #:** _____

MEDICAL HISTORY

Asthma: NO YES ***If you use an inhaler, bring it with you to camp!**

Allergies (If yes, please list type and severity):

Insect bites/stings: NO YES

Medications: NO YES

Food: NO YES

Other: NO YES

Current Medications (please list):

Other Medical Condition:

RELEASE OF LIABILITY: I hereby release and discharge, indemnify and hold harmless the Regents of Wake Forest University, and their members officers, agents, employees, and any other persons or entities acting on the behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in the sports camp activities, including overnight stays on campus, if applicable.

CONSENT FOR TREATMENT: I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for sports camp staff to secure the proper medical care, including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary. Note: Overnight stays on campus may be supervised by camp counselors and not certified athletic trainers.

PHYSICAL EXAMINATION WITHIN ONE YEAR: I certify that within the past 12 months my child has had a physical examination by a physician and that he/she is physically able to participate in the sports camp activities.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation. I further understand that the sports camp carries an excess medical insurance policy for sports injuries to the camper that may result from camp activities. Camp insurance has limits and exclusions and any secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS.
Participant signature If over 18, must be signed by a guardian for minors

Signature: _____ **Date:** _____

Print Name: _____ **Relationship to Participant:** _____

Registration

Please Select Your Camp:

Elite One Day Camp: May 31st
\$45 per camper

Elite One Day Camp: June 1st
\$45 per camper

Elite One Day Camp: June 2nd
\$45 per Camper

Elite One Day Camp: June 14th
\$45 per camper

Specialist Camp: June 14th
\$45 per camper

Elite One Day Camp: June 15th
\$45 per camper

Youth Camp: June 17th - 19th
\$110 per camper

Elite One Day Camp: June 21st
\$45 per camper

Elite One Day Camp: July 25th
\$45 per camper

Participant Name: _____

Participant Home Mailing

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Total Cost: _____

Participant E-Mail Address: _____

Emergency Contact and Phone Number: _____

T-Shirt Size: _____

School: _____

High School Coach (If Applicable): _____

Grade: _____

Height: _____

Weight: _____

Offensive Position: _____

Defensive Position: _____

Special Teams Position: _____

Registration, waiver, and insurance information can be mailed to:

Wake Forest Football
PO Box 7268
Winston-Salem, NC 27109

Please Make Checks Payable to: Coach Dave Clawson Football Camps

OPEN TO ANY AND ALL ENTRANTS, LIMITED ONLY BY NUMBER, AGE, GRADE LEVEL, AND/OR GENDER



WWW.COACHDAVECLAWSONFOOTBALLCAMPS.COM



WF
2019
COACH DAVE CLAWSON
FOOTBALL CAMPS

MAY 31 JUNE 1 JUNE 2 JUNE 14 JUNE 15 JUNE 21 JULY 25



A photograph of Cam Serigne, a football player, in a black and gold uniform. He is wearing a black helmet with gold accents and a gold 'C' on his jersey. He is holding a football in his hands, which are wearing white gloves with black Nike swooshes. The background is dark and out of focus.

36

ALL-ACC SELECTIONS

IN FIVE YEARS UNDER COACH CLAWSON

2018 2017 2016 2015 2014

CAM SERIGNE
TIGHT END

2017
1ST TEAM *ALL-ACC*

ALL-TIME ACC LEADER IN
RECEPTIONS, YARDS, AND TOUCHDOWNS

