

**LHU USE ONLY**

**SPORT** \_\_\_\_\_

**CAMP** \_\_\_\_\_

## HEALTH FORM

(This form must be filled out by every minor attending our camp.)

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Work Phone No.: (\_\_\_\_\_) \_\_\_\_\_

If not available in an emergency, notify:

1. \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
2. \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

### Health History:

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications:	Name	Dosage	Frequency	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Last Tetanus Shot: \_\_\_\_\_

Operations or Serious Injuries (and dates): \_\_\_\_\_

Chronic Recurring Illnesses or Athletic Injuries (and dates):

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!**

## MEDICAL INSURANCE INFORMATION

This section must be completed before the camper will be allowed to participate in camp activities.

Insurance Company: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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### **THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE CAMPERS THAT DO NOT HAVE MEDICAL INSURANCE:**

In the event there is no medical insurance, Lock Haven University Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, \_\_\_\_\_ agree to be financially responsible for all medical costs incurred by my child, \_\_\_\_\_ at Lock Haven University Foundation Camps.

Parent/Guardian Signature: \_\_\_\_\_

**A Note to Parents/Guardians Without Medical Insurance:** You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.

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### **PARENT'S AUTHORIZATION**

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp sponsored by the Lock Haven University. I do hereby agree to release, discharge and hold harmless Lock Haven University, Lock Haven University Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and-or activities held in connection with the sport camp.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Note to All Parents/Guardians:** You MUST sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.



## **Lock Haven University**

### **Photo Release Form**

The undersigned agrees to give permission to Lock Haven University to use his/her photograph for the purpose of publicizing the University in either general University promotions, which could include the University Web site; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for University clubs/organizations. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

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**Signature of Individual to be photographed**

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**Print Name of Individual to be photographed**

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**Signature of parent if Individual is under 18 years of age**

**Date**



**LOCK  
HAVEN  
UNIVERSITY**

## **Participant Code of Conduct**

It is expected that all participants in any University or non-University sponsored program, activity, or service will conduct themselves in a polite, respectful manner and will adhere to all University rules as follows.

- A. The possession or use of alcohol and other drugs, fireworks, guns and weapons is prohibited.
- B. The use of skateboards is prohibited.
- C. No violence, including sexual abuse or harassment, will be tolerated.
- D. Hazing, bullying, and cyber bullying will not be tolerated.
- E. All curfews, if applicable, will be followed.
- F. Misuse or damage of University property is prohibited.
- G. All minors will be accompanied by another minor at all times. This is the buddy system.
- H. Participants in an overnight program are not permitted to be housed in the same room with an adult unless the person is the minor's parent or legal guardian.
- I. Minor participants may only be housed with a participant of the same sex.
- J. No minor will be housed in a room alone.
- K. Smoking is prohibited in all University buildings.
- L. The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
- M. Profanity is prohibited.
- N. When crossing streets, only cross in the designated crosswalks.
- O. Only use the building designated by your program supervisor or staff.
- P. If you are hurt or injured, immediately report your injury to the program supervisor or staff.

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Printed Name of Participant

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Signature of Participant

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Date