

Rob Sgarlata Hoya Football Camp at Georgetown University
ASSUMPTION OF RISK, WAIVER OF LIABILITY and
PARENT/GUARDIAN PERMISSION FORM

PARTICIPANT NAME: _____

In order to participate in Rob Sgarlata Hoya Football Camp, each participant must submit completed versions of this Assumption of Risk, Waiver of Liability. Participants who have not completed the form will not be permitted to participate in camp/clinic activities until it is received.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the Program/Camp/Clinic and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Program/Camp/Clinic nor Georgetown University can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Program/Camp/Clinic.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE : In consideration for permitting me/my child/ward to participate in the Program/Camp/Clinic, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Program/Camp/Clinic.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Program/Camp/Clinic, Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Program/Camp/Clinic.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the Program/Camp/Clinic to be used in marketing/public relations material in the promotion of Program/Camp/Clinic.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Name (print): _____

Signature _____ **Date** _____

HEALTH FORM FOR PROGRAMS, CAMPS & CLINICS
HELD AT GEORGETOWN UNIVERSITY

In order to participate in a Rob Sgarlata Hoya Football Camp each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed these two forms will not be permitted to participate in camp activities until they are received.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial _____

Contact Information

Parents/Guardians _____ Home Phone(____) _____ Work Phone(____) _____

Home Address _____
Number & Street City State Zip Code _____

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
Name (local contact) _____

Number and Street City State Zip Code _____

2. _____ Phone _____
Name _____

Number and Street City State Zip Code _____

Health History (check, give approximate dates, and any details you believe would be helpful)

Allergies:

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy _____	Measles _____
Convulsions _____	Insect Sting _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other? _____	Asthma _____

Operations or Serious Injuries

(dates/description) _____

Chronic or Recurring

Illness _____

Other Diseases or Details re: Above

Any specific activities to be restricted while participating in Summer Camp?

Important: Please notify the campus if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted herein by me and/or the examining physician. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Georgetown University Summer Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery.

I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Summer Camp, as deemed necessary by the staff of the Summer Camp.

Signature of
Parent/Guardian: _____ Date: _____

Medical Insurance Information:

Policy Holder Name _____ Relation to Camper _____

Insurance Company _____

Policy/Group # _____

MEDICAL EXAMINATION - To be filled out by a licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____ Booster _____ Tetanus Booster _____
 Polio DPV (Sabin) _____ Booster _____ Typhoid _____
 Measles vaccine (Live) _____ Tyberculin Test _____
 German Measles (Rubella) _____ Mumps Vaccine (Live) _____
 Smallpox _____ Other _____
 Hgt. _____ Wt. _____ B.P. _____
 Hgb. Test _____ Urinalysis _____
 Eyes _____ Extremities _____
 Glasses _____ Posture (spine) _____
 Ears _____ Skin _____
 Nose _____ Allergy _____
 Throat _____ Lungs _____
 Teeth _____ Abdomen _____
 Heart _____ Hernia _____
 Covid Series _____ Booster _____

General Appraisal: _____

For Girls & Women

Has this person menstruated? _____ If so, is her menstrual history normal? _____

If not, has she been told about it? _____ Special considerations: _____

List any significant injuries, illnesses or emotional conditions about which the Georgetown University Summer Camp should be aware (please use separate sheet if additional space is needed): _____

Recommendations and restrictions while in camp:

Special diet _____ Special

medicine (name it) _____ Is parent sending it? _____

Swimming/Diving _____

Strenuous activity _____

Other _____

Allergies to Medicine _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

Printed Name of Examining Physician

Signature

Date _____ Phone: _____