

FATHER-SON CAMP MEDICAL CLEARANCE & CONSENT FORM

Coach Dennis Womack - Virginia Baseball Camps, Inc. - 850 Mechums West Dr. - Charlottesville, VA 22903

Athlete Information

Camper's Name :

First Last

Primary Emergency Contact/Relationship:

Phone:

Home Work Cell

Secondary Emergency Contact/Relationship:

Phone:

Home Work Cell

Medical Information

1. Date of Last Tetanus Shot (Month/Year)

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2. Allergies (Medicine, Food, Bee Sting, Etc.)

Yes/No

3. Medical Conditions (Asthma, Diabetes, Etc.)

Yes/No

4. Injury History (Recent Sprains, Fractures, Etc.)

List:

5. Medications Currently Taking:

List:

Father-Son Camp is owned and operated by the Virginia Baseball Camps, Inc. and is not sponsored and/or by the University of Virginia nor are employees of the VBC, Inc. agents of the UVA during camp operations.

Certification of Physical Fitness to Participate:1.) I understand that a risk of participating in any sport, including Father-Son Camp, is the risk of injury, including but not limited to serious permanent injury, paralysis or death. To minimize the risk of injury, I agree to tell my son to obey all safety rules and to report any physical problems related to his physical condition to the Father-Son Camp staff as soon as the problem occurs.2.) By signing below, I certify the following: **A.** That my son is not currently under the care of a physician for an injury or illness that would prevent his safe participation at Father-Son; **B.** That my son is not currently being treated for or recovering from an orthopedic injury that would prevent his safe participation at Father-Son; **C.** That my son has no history of fainting or problems related to strenuous exercise; and **D.** That my son is in good health and there is no reason he cannot safely participate in strenuous physical activity.

Parent/Guardian _____ Date _____

RELEASE:

1. In consideration for acceptance of my child, _____, as a camper and for the use of Graves Mountain Lodge facilities, I for myself and for my child, do hereby agree that I shall be responsible for all costs associated with any injury of loss than may be sustained by my child as a result of the facilities at Graves Mountain Lodge. I understand that I am responsible for having health insurance that provides adequate coverage for injuries or illness my child should sustain while participating in the Best in Virginia Father-Son Camp.

2. I hereby release and promise not to sue the Commonwealth of Virginia, the University of Virginia, the Best in Virginia Father-Son Camp, or their employees or agents, for any damages, injury or death arising from my child's participation in the Best in Virginia Father-Son Camp and use of Graves Mountain Lodge facilities, unless caused by the gross negligence or intentional misconduct of employees or agents of the Best in Virginia Father-Son Camp.

Parent/Guardian Signature: _____ Date _____

CONSENT:

1. By my signature below I give permission for BIV and its employees and agents to obtain medical treatment for my son in the event of accident or illness during his presence at BIV.

2. By my signature below I consent to have my son photographed or video- or audio-taped during camp activities, and I agree that the images may be used for educational and publicrelations purposes by BIV.

Parent/Guardian Signature: _____ Date _____

Signature of parent/guardian and date

Signature: _____ Date: _____

I hereby authorize the Virginia Baseball Camp, Inc. to provide necessary medical supervision and treatment for my child and agree I will be responsible for the cost of treatment. **Printed Name:** _____

A photocopy of your medical insurance card or military ID (front & back) must accompany all applications.