



Woodward Camp • Camper Medical Form

All information given is kept strictly confidential.

Your child will not be permitted to participate at Woodward unless this form is returned to us completed and signed!

← Camper's Name (Please Print Boldly Last Name and First Name)

Camper's Sport Gymnastics/Cheer Skateboard Inline Skate BMX Freestyle BMX Racing Snowboard/Freeski

(Please print or type)

Camper's Information Last Name: _____ First Name: _____

Permanent Mailing Address: _____

Permanent Home Phone: (_____) _____

Birthdate: _____ SS#: _____

Age: _____ Gender: M F

Camper's Legal Guardian Full Name: _____

Permanent Mailing Address: _____

Home Phone: (_____) _____ Fax Number: (_____) _____

Mom's Work Phone: (_____) _____ Dad's Work Phone: (_____) _____

Mom's Cell Phone: (_____) _____ Dad's Cell Phone: (_____) _____

Camper's Insurance Information Insurance Carrier: _____

Address: _____

All Campers MUST be Covered by Their Own Medical Insurance. Insurance Carrier's Phone: (_____) _____

Policy #: _____

Group #: _____

Effective Date: _____

Policy Subscriber: _____

Subscriber's Birthdate: _____

Subscriber's Social Security #: _____

Subscriber's Address: _____

Subscriber's Phone: (_____) _____

Please Provide a copy of both the front and back of your insurance cards

FIRST NAME

LAST NAME
(PLEASE PRINT)

PAST MEDICAL HISTORY

NAME: _____

(please print or type)

ENROLLMENT REQUIREMENT: Each camper **MUST** have a physical exam within **ONE YEAR** prior to arrival at camp.

Last exam date: ____/____/____ Examined by: _____

(SIGNATURE **NOT** REQUIRED)

Family Physician: _____ Phone: (____)____ - _____

Address: _____

Diabetes	Y	N	Hypertension	Y	N	Bed Wetting	Y	N
Ear Infections	Y	N	Sleep Walking	Y	N	Bowel Disorder	Y	N
Heart Disease	Y	N	Rheumatic Fever	Y	N	Mitral Valve Prolapse	Y	N
Kidney Disease	Y	N	Epilepsy/Seizure	Y	N	Respiratory Disease	Y	N
Nervous/Mental Disorders	Y	N	Ulcer/Stomach Disease	Y	N	Hepatitis/Liver Disease	Y	N
Hemophilia/Bleeding Disease	Y	N	Rheumatoid/Lupus	Y	N	HIV/AIDS	Y	N

Please Detail **Yes** Remarks: _____

List all **Previous Surgeries:** _____

List all **Allergies** (as well as Medication Allergies): _____

NOTES:

Do you have any allergic reactions to the following: Bee Stings ____ Hay Fever ____ Poison Ivy ____
Poison Oak ____ Poison Sumac ____ Other _____

Date of last DPT or DT Booster: _____

Prescription Drugs: Written physician's directions should accompany any prescription medicines sent to Camp for the nurse to dispense, and should be in original container, labeled by pharmacist. These directions must include: Medication, Dosage, Frequency, Condition being treated, physician's signature and DEA Number.

Medications: _____

Non-Prescription Drugs: My child may be given non-prescription, over-the-counter medications as needed.

Example: Tylenol, antihistamines, antacids Yes No Exceptions: _____

Camper Cardholder Name: _____
Credit Card Card Number: _____
Information Expiration Date: _____
MasterCard _____ Visa _____ Discover _____

****This information will be kept in strict confidence. In the event that your child needs treatment and/or medication and you cannot be reached, we will bill your credit card so that care is not delayed.***

NAME: _____

I understand that I will be contacted as soon as possible in the event that my child is brought to Mount Nittany Medical Center, University Orthopedic Center, Penns Valley Medical Center, Geisinger Medical Center, Senior & Associates, or Tri-County Oral Facial Surgeons for treatment. **If I am not available, please contact:**

First	Name: _____
Emergency	Relationship to Camper: _____
Contact	Home Phone: (____) _____
	Work Phone: (____) _____
	Cell Phone: (____) _____

Second	Name: _____
Emergency	Relationship to Camper: _____
Contact	Home Phone: (____) _____
	Work Phone: (____) _____
	Cell Phone: (____) _____

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physician(s) and staff at Mount Nittany Medical Center, University Orthopedic Center, Penns Valley Medical Center, Geisinger Medical Center, Senior & Associates, or Tri-County Oral Facial Surgeons to provide such care that includes diagnostic procedures and medical treatment as necessary to my minor child while said child is enrolled in the Woodward Camp. I also authorize the release of all x-rays, test results, lab work or any other procedure that would be helpful in the follow-up care of my child. This medical treatment is to be given to my child without any further prior permission from the undersigned. I understand that the consent and authorization herein granted does not include major surgical procedures. A photostatic copy of this authorization shall be considered as effective and valid as the original.

I, the undersigned, authorize payment of medical benefits to Mount Nittany Medical Center, University Orthopedic Center, Penns Valley Medical Center, Geisinger Medical Center, Senior & Associates, or Tri-County Oral Facial Surgeons for any services furnished to my child by the physician. I understand that I am financially responsible for any amount not covered by my insurance contract. I also authorize you to release to my insurance company information concerning health care, advice, treatment or supplies provided to my child while attending Woodward Camp. This information will be used for the purpose of evaluating and administering the claim of benefits. This consent is valid for one year from the date indicated. A photostatic copy of this authorization shall be considered as effective and valid as the original.

In the event of an injury or illness requiring transportation to, an evaluation at, an independent medical facility such as Mount Nittany Medical Center, University Orthopedic Center, Penns Valley Medical Center, Geisinger Medical Center, Senior & Associates, or Tri-County Oral Facial Surgeons, I authorize the release of all medical records generated at that facility to the medical staff or their representatives at Woodward Camp. I understand that this will enable continuity of care upon the camper's return to the camp and provide staff members a means of informing family members of camper's medical condition. I also understand that such records will remain a confidential and protected part of the camper's general record.



Parent/Guardian Signature

Date

(over)

LIABILITY WAIVER (Minor, under 18)

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

Camper Name: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Phone (_____) _____

I/we am aware that in addition to the usual dangers and risks inherent in the sports of Skateboarding, Inline Skating, Freestyle BMX, BMX Racing, Snowboard/Freeski, Cheerleading, Gymnastics, Trampoline, Tumbling and other Woodward Camp activities, certain additional dangers and risks are present when using Woodward Facilities, Woodward Skate/Bike Facilities, Gymnastics Equipment and Trampoline, including, but not limited to, the danger and risk of falling, jumping, landing, misdirected skateboards and bikes, performing tricks and colliding with other staff, campers, media personnel and spectators. By signing this waiver, I/we freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom.

In consideration of utilizing the Woodward Camp, Inc. Facilities, Woodward Skate/Bike Facilities, Gymnastics Equipment and Trampolines and for other good and valuable consideration, I/we hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** for personal injury including death, illness, and/or property damage that I/we may have against Woodward Camp, Inc., Sports Management Group, Inc., Sports Partners LP, their shareholders, partners, principals, directors, officers, sponsors, affiliates, agents, employees, contractors, representatives and any volunteers in any way associated with Woodward Camp, Inc. all of whom are hereinafter collectively referred to as "the Releasees."
- 2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expense that I/we may suffer or that any other party may suffer as a result of my use of Woodward Facilities, Woodward Skate/Bike Facilities, Gymnastic Equipment and Trampoline or in my participation in the sports of Skateboarding, Inline Skating, Freestyle BMX, BMX Racing, Snowboard/Freeski, Cheerleading, Gymnastics, Trampoline, Tumbling, and other Woodward Camp activities, due to any cause whatsoever.
- 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party, resulting from my use of Woodward Facilities, Woodward Skate/Bike Facilities, Gymnastic Equipment and Trampoline or by my participation in the sports of Skateboarding, Inline Skating, Freestyle BMX, BMX Racing, Snowboard/Freeski, Cheerleading, Gymnastics, Trampoline, Tumbling, and other Woodward Camp activities.
- 4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my personal injury including death, illness, and/or property damage.
- 5. I/WE ADDITIONALLY AGREE** not to take unreasonable risks while participating in Skateboarding, Inline Skating, Freestyle BMX, BMX Racing, Snowboard/Freeski, Cheerleading, Gymnastics, Trampoline, Tumbling, and other Woodward Camp activities, including but not limited to attempting skills or tricks that I am not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.
- 6. I/WE ADDITIONALLY AGREE** that I/we shall follow correct safety procedures when using the Woodward Facilities, Woodward Skate/Bike Facilities, Gymnastics Equipment and Trampoline. I/we also expressly grant to the Camp, and any third party authorized by the Camp, the right to film, videotape, photograph, record my voice and make any reproductions of my physical likeness and voice, and the irrevocable right in perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media now known or hereafter devised, including, but not limited to, the exhibition and/or online use, broadcast, theatrically or on television, cable or radio, any motion picture film, video tape, DVD, CD or any Internet service or program in which such likeness may be used or otherwise, or any published articles, catalogs, or websites in which such likeness may be printed, used or incorporated, and in the advertising, exploiting and publicizing of the Camp, Camp products, licensed products, and all affiliated relationships.

The venue and place of trial of any dispute that may arise out of or be related to this agreement or the services to be performed pursuant to this agreement, or otherwise, to which Woodward Camp or its agents or employees is a party shall be in District Court 49-3-04 in Centre County in the State of Pennsylvania.

I/WE HEREBY CERTIFY THAT I/we am covered by my own Medical Insurance, and that I/we have read and understand this Release of Liability prior to signing it, and I/we am aware that by signing this Release of Liability I/we am waiving certain legal rights which I/we or my heirs, next of kin, executors, administrators, successors, and assigns may have against the Releasees.

Woodward shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the intent and legal rights and waivers provided herein.

This Liability Waiver was made and executed in the State of Pennsylvania and shall be governed by, enforced in and construed in accordance with the laws of the State of Pennsylvania.

I/we acknowledge that in executing this Waiver, I/we are not relying on any inducements, promises, or representations made by the Releasees.

I am acting on behalf of the camper's other parent in signing this contract and I have authority to bind such other parent to the terms and conditions of this contract on his or her behalf.

PARENT/LEGAL GUARDIAN SIGNATURE

Print Name Here

Date

CAMPER SIGNATURE

Print Name Here

Date

BOTH SIGNATURES REQUIRED!