

## Camper Information Form

This form must be complete and on file with the camp director before your child can participate in any camp activity.

Camp: \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

In an emergency, if parents cannot be contacted, notify:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Certification of Physical Fitness to Participate:**

I understand that participating in any sport, including camp there is a risk of injury which could result in serious or permanent injury, paralysis or death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the camp coaches.

By signing below, I certify the following:

My child is not currently under any care of a physician for an injury or illness that would prevent his/her safe participation in the camp.

My child has no history of fainting or any other problems related to strenuous exercise.

I declare that my child is in good health and there is no reason he or she cannot safely participate in any strenuous physical activity.

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

**Consent:**

By signing below, I hereby give permission for the camp director and staff to obtain medical treatment for my child, \_\_\_\_\_, in the event of accident or illness during his/her presence at the camp.

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

**Release:**

In consideration for accepting my child into camp, which uses university facilities, I hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp.

By my signature below, I agree to release and promise not to sue the Commonwealth of VA, Christopher Newport University or their employees or agents for any damages, loss injury or death arising from my child's participation in camp, unless such damages, loss injury or death are caused by the gross negligence or intentional gross misconduct of such employees.

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

**Health History:**

Allergies

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Drug Allergies/Sensitivities

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Asthma

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Heat Illness/Exhaustion

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Operations, Serious illnesses, Injuries

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List any special diet required and why

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List any current medications and why

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