

RELEASE & MEDICAL AUTHORIZATION

REGISTRATION FORM

IOWA
STATE
FOOTBALL

2012
CAMPS

For Office Use only:

Deposit: _____

Insurance: _____

Physical: _____

Rec'd: _____

Release And Medical Authorization (form may be copied; must be return with application)

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have the form prior to camp start date. Otherwise, parent or guardian must be contacted prior to release to participate.

RELEASE OF LIABILITY AND MEDICAL AND SURGICAL AUTHORIZATION

In consideration of the Cyclone Sports Camps/Clinics of Iowa State University granting the student permission to participate in Cyclone Sports Camps/Clinics, I hereby assume all risks of his or her personal injury (including death) that may result from and Sports Camp/Clinic activity. As guardian I do hereby release the State of Iowa, Iowa State Board of Regents, Iowa State University, Cyclone Sports Camps/Clinics and their officers, employees, and agents, and all instructors and all participants in said Sports Camps from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from the student taking part in Sports Camp activities. In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Student Health Service or other hospitals and clinics.

Parent/Guardian's Signature: _____ Date: _____

Student Signature: _____ Date: _____

Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance).

Physicians Authorization (Not needed if form is accompanied with a valid physical)

This is to certify that this individual was examined by me on (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sorts. (School physical form acceptable if valid with one year of the starting date of camp)

Date of last physical exam: _____ Allergies/drug sensitivities: _____

Other medical problems/current medications: _____

Signed (Physician): _____ Date: _____

Address: _____ Office Phone: _____

Insurance Information (Please print)

Name: (Parent or Guardian): _____ Insurance Company: _____

Account #: _____ Exp. Date: _____ Parent's Signature: _____

Register on-line at: lowastatefootballcamps.com