

# SSC

## SUCCESS SPORTS CAMPS

HEALTH AND RELEASE FORM 2020

**YOU MUST BRING THIS FORM WITH YOU TO CAMP  
CAMPER CANNOT BE ADMITTED WITHOUT THIS FORM**

CAMPER NAME: \_\_\_\_\_

CAMP DATES: \_\_\_\_\_

Sex (circle): F M Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency contact if I cannot be reached: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

### HEALTH AND GENERAL MEDICAL HISTORY

If the camper should be restricted on any activities please  
note: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the camper is TAKING ANY KIND OF MEDICATION during camp please note the drug and  
the dosage:

\_\_\_\_\_  
Please note any medical condition or medical history that would require special attention:  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the named camper is in good health and fully able to participate in all  
activities of the Success Sports Camps. My camper has no known restrictions, or any other  
facts, that may limit her/him from participation.**

**Signed:** \_\_\_\_\_ **X**

**Date:** \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma Chicken Pox Pneumonia Diabetes High Blood Pressure

IMMUNIZATIONS (dates): ALLERGIES: \_\_\_\_\_ DRUG REACTIONS: \_\_\_\_\_

Tetanus Toxoid: \_\_\_\_\_

Tuberculin Test: \_\_\_\_\_

Measles: \_\_\_\_\_

Rubella: \_\_\_\_\_

Mumps: \_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF Success Sports Camps, AND HERBY AGREE IN ACCORDANCE.** I further understand that Success Sports Camps retains the right to use photographs of campers taken at camp for future Success Sports Camps Promotion.

**Signed** \_\_\_\_\_ **X**

**Date:** \_\_\_\_\_

### **WAIVER & RELEASE**

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the Success Sports Camps, Halfbamhalfamazintraining, LLC or Randallstown High School shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand that the camp will require strenuous exercise, and so requires my camper to be in peak physical condition. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper, and I grant permission for the physician and staff at Success Sports Camps, HalfbamHalfamazinTraining, LLC or other designated physicians to provide medical treatment in the event of injury or sickness. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp.

My medical insurance shall be the insurance coverage for any medical treatment. I, the parent (guardian), do hereby agree to the above waiver and release. Name of Participant (print please)

\_\_\_\_\_

**Signature** of Participant **-OR-** Parent/Guardian (if participant is under 18) \_\_\_\_\_ **X**

Date \_\_\_\_\_ \* Parent or Guardian will be contacted in case of emergency.

### **HEALTH INSURANCE INFORMATION**

Health Insurance Company:

\_\_\_\_\_  
Policy/ID Number:

\_\_\_\_\_  
Policy Holder Name:

\_\_\_\_\_  
Policy Holder Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Travel Waiver:

I have given \_\_\_\_\_, a camper participating in activities of the Success Sports Camps permission to travel to and from the Camp and participate in the field trips planned during as part of the Camp activities. I understand that, by signing this WAIVER, I am giving my express consent and permission for employees of Camp to transport my child to and from the Camp events in - owned vehicles, leased vehicles or private vehicles. I understand that transportation is being made available as a courtesy in order to ensure that my child has the opportunity to participate in the event, however, I am aware that my child is not required to accept the transportation being offered. I further understand and agree, for my child, and myself that neither HalfbamHalfamazinTraining, LLC nor Success Sports Camps nor Randallstown High School and any their directors, trustees, officers, employees, agent or volunteers shall have any liability for any injury or damage to my child's person or belongings arising out of or relating to transportation of my child to or from events related to or sponsored by either the HalfbamHalfamazinTraining, LLC or the Success Sports Camps.

\_\_\_\_\_  
Print Camper's Name Relationship to Camper

\_\_\_\_\_  
Signature of Parent or Guardian Date Signed