

Cornell Athletics Camps & Clinics

CAMP FORMS

Please return forms to Cornell Camps & Clinics as soon as possible,
preferably 30 days before the start of camp.

PLEASE USE THIS SHEET AS THE COVER SHEET WHEN MAILING OR FAXING

Forms may be mailed, emailed or faxed to:

Mail:

**Cornell Camps & Clinics
554 Campus Road
Ithaca, NY 14853**

Email: camps@cornell.edu

Fax: 607-255-2213

CAMPER NAME: _____

PARENT NAME: _____

Daytime phone # _____

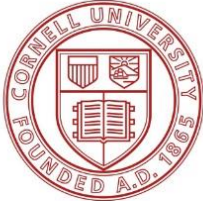
CAMP(S) ATTENDING: _____

CAMP FORMS ENCLOSED:

- Hold Harmless Form
- Medical Form
- Copy of physical/immunizations
- Other (please indicate in notes below)

Notes:

****PLEASE RETAIN A COPY OF ALL FORMS FOR YOUR RECORDS****



Cornell University
Athletics & Physical Education
Camps & Clinics

Bartels Hall
554 Campus Road
Ithaca, NY 14853
T. 607.255.1200
F. 607.255.2213
camps@cornell.edu
cornellcamps.com

HOLD HARMLESS AGREEMENT

Campers **WILL NOT BE ALLOWED TO PARTICIPATE** until this completed form is received.

CAMPER NAME (LAST): _____ (FIRST): _____
(Please Print Neatly)

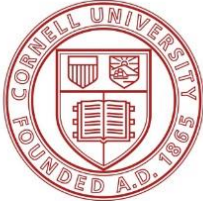
CAMP(S) ENROLLED IN: _____

1. I give permission for my child to go swimming in Cornell's swimming pools. _____ (initial if permitting)
2. I am aware of the inherent dangers and risks involved in sports camps including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other School participants.
 - c) Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, rink, ice, mat).
 - d) Immersion in water (drowning).
3. I agree to allow authorized camp personnel to transport my child in Cornell vehicles for medical reasons, airport/bus station pick-up/drop-off, evening recreation activities and/or should weather conditions delay walking to/from sessions.
4. In the event of an injury or illness, I give permission for my child to be treated by the Cornell Athletics medical staff and Ithaca emergency room staff at the Cayuga Medical Center or Convenient Care Center. I also give permission for the medical staff to administer any medications as indicated on his/her medical form. I understand that Cornell University does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.
NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided below
5. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Cornell University, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the negligence of Cornell.
6. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it and is responsible for any damage to the room or its contents. I agree to pay for any damages to my child's room which may exceed the key/damage deposit. Furthermore, I agree that Cornell University is not responsible for personal belongings lost or stolen as a result of my child not locking his/her room.
7. **WRESTLING CAMPERS:** I understand that due to the nature of the sport of wrestling, contagious skin infections may occur. I agree that my child is responsible for personal hygiene, including showering after each session and washing with disinfectant soap. Furthermore, I agree that my child must report any skin infection to the camp medical staff for diagnosis, and to help prevent its spread as a result of body to body contact. I understand that in the event of a skin infection, my child will not be permitted to physically participate in wrestling sessions until free of all contagious infections and that observing sessions constitutes a learning experience. I agree that no refund will be issued if my child remains at camp and does not participate.
8. I give permission for my child to carry and self-apply sunscreen. I understand the following conditions must be in order to promote proper and safe use of sunscreen: 1) the sunscreen will only be used to prevent overexposure to the sun, and 2) only sunscreen approved by the FDA for over-the-counter use will be used. If my child is unable to apply the sunscreen themselves, I give permission for the camp staff to assist in the application of sunscreen.
9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent or Guardian (please print)

Signature of Parent or Guardian

Date



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MEDICAL FORM

Camper Name: _____ Gender: BOY GIRL DOB: ___/___/___

Primary Contact: _____ Relationship: _____

Parent/Guardian Cell Phone: (_____) _____ Work Phone: (_____) _____

Emergency Contact (other): _____ Phone: (_____) _____

Insurance Co.: _____ Policy/ID #: _____

Policy Holder: _____
Full Name Date of Birth

Ins. Co. Address & Phone #: _____ (_____) _____

REQUIRED MEDICAL INFORMATION:

Complete immunization records are attached: YES NO

An up-to-date physical is attached (w/in year of camp): YES NO

Medication will be needed at camp: YES* NO

***If YES:** all information in the box below **MUST** be completed by your physician.

FOR PHYSICIAN USE ONLY (if taking medication at camp)

Medications & Dosages: _____

Time/Frequency of Administration: _____

Allergies to Medications: _____

Medical conditions, even if controlled (diabetes, seizures, etc.) _____

I have examined, _____ and hereby certify that s/he is able to participate in all athletic activities.
Camper's Name

Physicians Signature Date Phone

MEDICAL TREATMENT AUTHORIZATION (Must *always* be signed by parent and by camper if camper is 18 years of age or older)

I give my permission for my daughter/son/ward to receive medical care by the staff of Cayuga Medical Center at Ithaca (including its Convenient Care Center) in the event of injury or illness. I also give permission for medical staff to administer any medications as indicated above. I understand I will be responsible for all charges for health services provided by off-campus providers in the event that they do not participate with my health insurance.

PRIVACY INFORMATION: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires all health care providers to inform patients and/or parents of minors of their Notice of Privacy Practices.

Parent/guardian Signature: _____ Camper Signature (if 18 or older) _____

Date: ___/___/___

Date: ___/___/___