

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 # _____

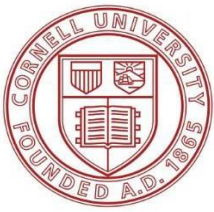
CAMP(S) ATTENDING: _____

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): _____

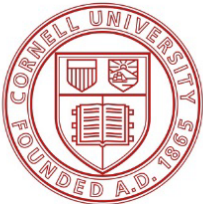
(print neatly) CAMP(S) ENROLLED IN: _____

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: Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet); Being hit, struck, physically challenged or collision with other School participants; Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, rink, ice, mat); and Immersion in water (drowning).
3. With full awareness and appreciation on of the risks involved, I, for myself and on behalf of my child/children, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue Cornell University, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively “Released Parties ”) from any and all liability, claims, demands, and causes of action whatsoever, directly or indirectly arising out of or related to any loss or injury, including death, that may result from exposure to COVID-19 arising from any activity related to Cornell University property, programs, employees, volunteers, contractors, camps, facilities, tools, materials or equipment.
4. I agree to allow authorized camp personnel to transport my child in Cornell vehicles for medical reasons, to and from recreation activities and/or should weather conditions delay walking to/from sessions.
5. 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 a 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 on the Medical Form. 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.**
6. 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.
7. I agree that Cornell University is not responsible for personal belongings lost or stolen at camp. Cornell will not provide lockers for camper use and recommend all valuable belongings are left home.
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 affirm and warrant that I have signed this agreement of my own free will after carefully reading and understanding its meaning and effect.

 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: ___/___/___