

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 # _____

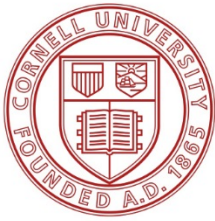
CAMP(S) ATTENDING: _____

CAMP FORMS ENCLOSED:

- Hold Harmless Form
- Rules & Regulations 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: _____

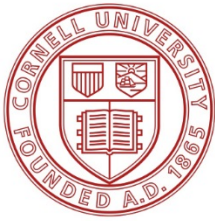
1. I give permission for my child to go swimming in Cornell's swimming pools. _____ (initial if permitting)
2. I am aware of the inherent dangers and risks involved in sports camps including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations 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, Cornell Health Services 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.
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 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.**
10. 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.

Medical Insurance Provider: _____ Policy no. _____

Parent or Guardian (please print)

Signature of Parent or Guardian

Date



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RULES AND REGULATIONS

Must be signed by camper AND parent/guardian

Camper's name (Last): _____ (First): _____
(Please print neatly)

We are pleased you will be joining us at the Cornell Athletics Camps & Clinics this summer. As a participant in the program, you are expected to act in a responsible manner and be respectful toward fellow campers, coaches, and staff. Campers are required to adhere to the following rules and regulations. Please read this information carefully.

1. Campers are required to attend all instructional and activity sessions and to be on time for attendance check-ins.
2. Campers are only permitted to travel to areas indicated on the camp itinerary and must always be accompanied by a counselor(s). Travel to non-sanctioned areas of campus or to off campus locations is **prohibited**. This includes Collegetown, all gorges and swimming in any unrestricted areas.
3. Residence Halls: Boys will not be allowed on girls' floors and vice-versa. No sports equipment is to be used in the residence hall. All other residence halls are off-limits. There are numerous other programs on campus at the same time as sports camps. Participants in other campus programs are not permitted in Cornell Camps & Clinics residence halls.
4. Residence hall curfew is at 10:00 p.m. Final lights out is at 11:00 p.m. **A camper exiting the residence hall after curfew will be expelled from camp.** The camper's parents will be contacted and required to pick up the camper on the next day. No refund of camp fees will be given for any campers who are dismissed for violation of the rules herein.
5. **Any camper found to have any alcohol, drugs or tobacco in their possession, or vandalizing any Cornell property, will be immediately expelled from camp.** Upon dismissal, the camper's parent or guardian will be notified immediately, regardless of the hour, and the camper will be sent home at the parents' expense. Parents have 12 hours to arrange transportation. No refund of camp fees will be given for any camper who is expelled for violation of the camp rules. Cornell reserves the right to expel campers for other unacceptable behavior.
6. Campers are required to bus their dining trays and utensils. No food is to be taken from the dining hall. Any camper caught throwing food or dropping food from upstairs will be expelled from camp.
7. A \$40 key/room damage deposit will be collected from resident campers at time of online registration or at camp check-in.
8. Campers will be responsible for any damages they cause and the cost of such damages will be deducted from the key deposit and/or charged to the credit card account on file. The deposit will be refunded at checkout pending satisfactory room inspection and the return of room keys.

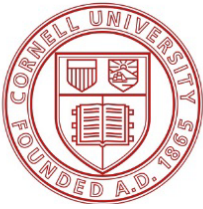
ADDITIONAL PROVISIONS FOR DAY AND COMMUTER CAMPERS

9. Day and commuter campers: please notify the camp office at 255-1200 if you are going to miss a day OR a session of camp.
10. Campers are allowed to relax and socialize with counselors in the Community Center lounges between sessions.
11. If your child is to be picked up after a session by someone other than a parent or guardian, written permission (email is acceptable) is required and must be provided to your child's counselor or camp office in advance.

*Our signatures indicate that we have read the rules and regulations, understand them and agree to abide by them.
 Failure to sign and return this document will prohibit the camper from participating in the camp program.*

Camper signature _____ Date _____
Please print camper name if too young to sign for him/herself

Parent/Guardian signature _____ Date _____



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MEDICAL FORM

Sport(s): _____ Camp Dates: _____
 (one form allows camper to participate in multiple camps)

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

Primary Contact: _____ Relationship: _____

Work Phone: (_____) _____ Home: (_____) _____ Cell:(_____) _____

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

Insurance Co.: _____ Name of Policy Holder: _____

Policy/ID no.: _____ Insurance Co. Phone: (_____) _____

Ins. Co. Address: _____

MEDICAL INFORMATION BELOW - PHYSICIAN'S SIGNATURE REQUIRED**

**You may instead attach a recent copy (within the past year) of a school physical (with physician's signature) if your child has no new medical conditions that limit his or her participation in sport activities. Complete immunization records may also be attached.

MEDICATIONS AT CAMP: Is it necessary to administer medication at camp? YES NO

Medications & Dosages: _____

All medication **MUST** be in its original container with an accurate pharmacy label. All medications **MUST** be accompanied by physician's orders, including over-the-counter medications. All medication **MUST** be given to the Medical Director at check-in.

Allergies to Medications: _____

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

Date of most recent immunizations: Tetanus _____ Measles _____ Mumps _____ Rubella _____ Diptheria _____

Poliomyelitis _____ Hemophilus influenza type b _____ Hepatitis b _____ Varicella (chicken pox) _____

I have examined _____ and hereby certify that s/he is able to participate in athletic activities.

 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 Gannett Health Services and 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. In addition, I consent to have Gannett Health Services use and disclose my daughter/son/ward protected health information for payment, treatment, and health care operations purposes. Protected health information means health, billing, and demographic information created or received by Gannett Health Services. In the event that Gannett Health Services participates with my health insurance, I authorize the payment of benefits to Gannett Health Services. I understand I will be responsible for all charges for health services provided by Gannett Health Services and by off-campus providers in the event that they do not participate with my health insurance.

PRIVACY INFORMATION: Gannett Health Services has a long-standing commitment to the rights and privacy of its patients. 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. I acknowledge that I have been made aware of Gannett's Notice of Privacy Practices, which can be reviewed at www.gannett.cornell.edu.

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

Date:

Date: