

SAGC Junior Camp Medical Information/Release Form

2017 Year

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____ Date of Birth _____ Gender _____
City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Office Number _____
Name of Dentist _____	Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Santa Ana Golf Course and Sun Country PGA (SAGC/SCPGA) does not carry any health insurance for you.

** If yes, provide the following information which is required by Santa Ana Golf Course to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____
Insurance Company Name _____
Policy # _____ Plan # _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

.....

Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in SAGC/SCPGA activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the SAGC/SCPGA staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the SAGC/SCPGA staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the Director regarding a legal waiver in order to attend and participate.)

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

The SAGC/SCPGA activities normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for SAGC/SCPGA to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader.

_____initial _____date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: **(Check all that apply.)**

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to SAGC/SCPGA activities.
- My child to drive his/her vehicle to SAGC/SCPGA activities or events.
- My child to transport other SAGC/SCPGA participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from SAGC/SCPGA events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. SAGC/SCPGA does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of New Mexico.

_____initial _____date

SAGC/SCPGA ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for _____ to participate in the SAGC/SCPGA program. I understand that SAGC/SCPGA activities/events may involve certain risks of physical activity and possible injury and that SAGC/SCPGA will provide each participant with reasonable care, but that SAGC/SCPGA cannot guarantee that my child will remain free of injury. In addition, some SAGC/SCPGA activities including but not limited to: other sporting activities have a moderate degree of risk. I nonetheless wish to have my child participate in the SAGC/SCPGA program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the SAGC/SCPGA, Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the SAGC/SCPGA program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature

Date

(Must be signed by the parent or guardian if the participant is under 18 years old)
