

NC State Wolfpack Women Team Camp
PARENTAL CONSENT FORM

Dear Parent/Guardian;

The law requires that parental permission be obtained for medical procedures performed on minors (under age 18). The following consent form should be signed by parents/legal guardians so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

I, the undersigned parent/guardian of _____, hereby give permission to the physicians and attendant staff of North Carolina State University's Health Service to perform such diagnostic, therapeutic, and operative procedures for her as they deem necessary, and refer her to an off-campus physician when deemed appropriate. I further give permission to have my daughter referred to a physician off-campus in the event it becomes necessary.

Signature of Parent or Guardian

Date

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

As a parent or guardian of _____, I understand that there is a risk of injury at the NC State Wolfpack Women Team Camp due to the physical nature of the activities. I accept and assume responsibility for such risk. I agree to release, hold harmless, and indemnify NC State Wolfpack Women Team Camp and her employees and agents at the NC State Wolfpack Women Team Camp from any and all claims and liability rising out of our resulting operations of NC State Wolfpack Women Team Camp during _____.
(dates of camp attended)

In addition, I understand that the NC State Wolfpack Women Team Camp is not run or sponsored by North Carolina State University, and that Kay Yow is operating the camp outside the scope of her employment with the University. I agree to release, hold harmless, and indemnify North Carolina State University, its employees, and its agents, from any and all claims and liability rising out of or resulting from the operations of NC State Wolfpack Women Team Camp.

Parent's Signature

Street Address

City & State

Telephone

NC State Wolfpack Team Camp
KEY AGREEMENT

Dear Coach;

University Towers does not require individual key deposits for camp. However, if a key is lost, the coach of each team will be held responsible for key replacement costs.

There will be a \$20 replacement charge for any lost keys.

Keys will be turned in during checkout. Any lost keys must be paid for at this time.

Signature of Coach or Supervisor

Date

**NC State Wolfpack Women Team Camp
Camper Participation/Physical Form**

This form must be filled out completely and returned to the Camp Athletic Trainer at registration at North Carolina State University before the camper can participate in the NC State Wolfpack Women Team Camp, Inc. activities.

CAMPER _____ SOC. SEC. # _____

SCHOOL _____ GRADE (IN FALL) _____

AGE (IN FALL) _____

ADDRESS OF CAMPER _____

CITY _____ STATE _____ ZIP _____

PARENT(S)/GUARDIAN INFORMATION

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S ADDRESS _____ MOTHER'S ADDRESS _____

FATHER'S PHONE _____ MOTHER'S PHONE _____

FATHER'S WORK NAME _____ MOTHER'S WORK NAME _____

WORK PHONE _____ WORK PHONE _____

FATHER'S S.S. # _____ MOTHER'S S.S. # _____

NAME OF INSURANCE COMPANY _____

INSURANCE COMPANY ADDRESS _____

INSURANCE COMPANY PHONE _____

IS THIS POLICY THROUGH YOUR PARENT'S EMPLOYMENT?
 ___ NO ___ YES; WHICH PARENT _____

POLICY NUMBER _____

GROUP NUMBER _____

EFFECTIVE DATE _____

AUTHORIZATION NEEDED? _____

NOTE: *Your health insurance will be the primary source of coverage if your child is injured or illness occurs.*

Have you ever had:

heart murmurs	Y/N	mono (in last yr.)	Y/N
epilepsy/seizure	Y/N	anemia (in last yr.)	Y/N
asthma	Y/N	diabetes	Y/N
hernia	Y/N	hay fever	Y/N
chest pains	Y/N	shortness of breath	Y/N
fainting	Y/N	hepatitis/jaundice	Y/N
frequent headaches	Y/N	ulcer	Y/N
skin problems	Y/N	dizziness	Y/N
high blood pressure	Y/N	recurrent abdominal pain	Y/N
injury to bones/joints	Y/N		

Comments

Allergies-Drugs

Other

Are you presently taking medication? Yes _____ No _____

If yes, what, and how much?

Date of last tetanus booster

I certify that the information in this application is correct. I also grant permission for the treatment deemed necessary for a condition arising during participation in the NC State Wolfpack Women Team Camp, Inc. activities, including medical or surgical treatment recommended by a medical doctor. I also understand that my daughter must provide her own insurance policy protection to cover primary medical treatment expenses for all camp activities.

Signature of Parent or Legal Guardian

PHYSICAL EXAM (To be completed by a Medical Doctor)

HEIGHT _____ WEIGHT _____

BLOOD PRESSURE _____ PULSE _____

VISION _____

WEARS CONTACTS/GLASSES WHEN PLAYS YES ____ NO ____

Examining Physician:

Are there any medical illnesses or injury past or present which we should know about for your own protection? (Give Details) NO _____ YES _____

Are there abnormalities?

Heart Y/N Hernia Y/N
Lungs Y/N Hemo Y/N
Eyes Y/N Nose Y/N
Throat Y/N

Explain _____

I certify that I have examined this camper and find her medically qualified to participate in the NC State Wolfpack Women Team Camp, Inc. activities.

Physician's Signature
