



Duke Softball Camps Camp Waiver Statement

All campers must have their own medical coverage. The Camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.

Campers' Name: _____ Phone: _____

Camper's Insurance Company: _____

Policy Number: _____

Current or Past Medical Conditions: _____

Any Allergies to medicine: _____

I/We the undersigned, hereby certify that I (we) am (are) the parents or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention for the camper and for the medical attention in the event of an accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We, the undersigned, hereby acknowledge and understand that the Duke Softball Camp is a privately run sport camp, and is not operated by or through the Duke University. The Camp is neither sponsored, controlled, nor supervised by Duke University but rather is under the sole sponsorship, control, and supervision of MY Softball Life's camp director, Marissa Young.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Duke University and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Camp activities or while at camp.

Signature

Date

Signature

Date

Duke University Softball Camps
Medical Waiver

In order to attend this camp, this form must be ***signed by a parent/guardian and signed by the participant.***
Your child cannot participate without this form being completed, signed and turned in at registration.

Participant Name: _____

Date of Birth: _____

Address of parent or guardian: _____
Address City State Zip

EMERGENCY INFORMATION

Person to notify in case of emergency: _____
Name Relationship

Emergency Phone: Day _____ Night _____ Cell _____

Medical Information: Date of last Tetanus Immunization _____

Any allergies to medicine? Yes ___ No ___ If so, list: _____

Any current or past health conditions physicians/trainers should be aware of: _____

Family Health Insurance Policy Number: _____ **Health Carrier Name:** _____

Address of Health Carrier: _____
Address City State Zip

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Duke, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during camp, regardless of cause, including negligence on the part of any person identified above. I also give Duke permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the camp/university rules and regulations developed for this camp. I further understand that my child's failure to adhere to the rules and regulations may result in immediate dismissal from camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent or Guardian (circle relationship): _____
Print Name
Signature Date

CAMPER MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS CAMP

I understand that as a participant of this camp I must abide by the camp/university rules and regulations. I also understand that if I fail to adhere to the rules and regulations it may result in my immediate dismissal from camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the camp.

Participant Signature: _____

IN ORDER TO PARTICIPATE IN CAMP YOU MUST BRING THIS FORM TO REGISTRATION