

**BUDDY TEEVENS FOOTBALL CAMP 2017**

[www.DartmouthCollegeFootball.com](http://www.DartmouthCollegeFootball.com)

**PERSONAL HEALTH QUESTIONNAIRE**

**\*\*\*PLEASE BRING COMPLETED FORM TO REGISTRATION\*\*\***

Campers Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Emergency Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent(s)/Guardians Names(s): \_\_\_\_\_

Person to contact (other than your parent(s) or guardian(s) in an Emergency

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number( \_\_\_\_\_ ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Doctors Name: \_\_\_\_\_ Phone Number( \_\_\_\_\_ ) \_\_\_\_\_

Please list any ALLERGIES you may have: \_\_\_\_\_

Please list any recent INJURIES which have occurred in the last six months: \_\_\_\_\_

\_\_\_\_\_

Please list any MEDICATION you may take on a regular basis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from ASTHMA? Yes \_\_\_ No \_\_\_ Do you wear CONTACT LENSES? Yes \_\_\_ No \_\_\_

Do you have any other MEDICAL CONDITIONS that our trainers need to know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** The Buddy Teevens Football Camp reminds all participants that football is at times a very physically demanding activity. The Staff suggests that players attending prepare themselves for the week by actively participating in a designed program which matches or simulates the type of physical exertion which will occur at the Buddy Teevens Football Camp. Stretching, aerobic and anaerobic training plus proper nutrition are essential! Consult your football coach, physician or health club professional for specific workout programs and ideas.

**PARENT'S/GUARDIAN'S ACKNOWLEDGEMENT:** I verify that my child has been checked by a licensed physician prior to coming to the Buddy Teevens Football Camp and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the Buddy Teevens Football Camp. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless The Buddy Teevens Football Camp of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT AND RELEASE AGREEMENT

Name of Camp \_\_\_\_\_

<b>Child:</b> Name: _____ Birth date: _____ Address: _____ Cell phone: _____	<b>Emergency Contact:</b> Name: _____ Relationship (such as mother, guardian): _____ Phone (home): _____ (cell): _____ Work Phone: _____ Email: _____
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**ACKNOWLEDGEMENT OF RISK AND AGREEMENT:** I consent to my child's participation in this Camp. I understand that going away to camp involves some risks, including the possibility of damage to my child's property or serious injury to my child. I agree, on behalf of myself and my child, to assume all the risks in connection with my child's participation in the Camp. I understand that Dartmouth does not operate this Camp. I agree that my child will follow relevant Dartmouth directions, rules, and policies and will obey directions. I acknowledge that Dartmouth has the right to remove my child from participation in the Camp.

**HEALTH AND SAFETY:** I know of no health-related reasons or problems which preclude or restrict my child from participating in the Camp.

**RELEASE OF LIABILITY:** I agree TO RELEASE Dartmouth, its trustees, officers, employees, volunteers, members, and representatives from any and all liabilities and claims whatsoever arising out of, or in connection with, my child's attendance and participation in the Camp, *even those that may have been caused by the ordinary negligence of Dartmouth.*

**MEDIA RELEASE:** Dartmouth may make and use images, film, video, and audio recordings of my child, and take and use quotes or statements from my child, during the Activity, without compensation. I release all claims against Dartmouth with respect to privacy, copyright ownership, and publication, related to the use of the quotes, images, or recordings.

**ACKNOWLEDGEMENT:** By reading and signing this legally binding document, I know I am voluntarily waiving the right to sue Dartmouth College if my child is injured while participating in this Program. In the event of my incapacity or death, this agreement binds my heirs, executors, administrators, and representatives.

**Date** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed name of Parent/Guardian:** \_\_\_\_\_