

# 2010 Cyclone Wilderness Cross Country Camp Release Form

Name of Participant *(print full legal name)* \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender (circle one) Male Female  
Camp/Location Attending \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

## Release and Medical Authorization

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this signed form returned prior to the camp's start date. Otherwise, parent or guardian must be contacted prior to release to a student's participation.

## Physician's Authorization to Participate

This is to certify that this individual was examined by me on \_\_\_\_\_ (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports. (School physical form acceptable if valid within one year of the starting date of camp.)

Allergies/Drug sensitivities \_\_\_\_\_ Other medical problems/current medications \_\_\_\_\_  
Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? \_\_\_ Yes \_\_\_ No  
Physician's signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_

## Release of Liability to Participate

In consideration of the Cyclone Sports Camps/Clinics of Iowa State University granting the student permission to participate in Cyclone Sports Camps/Clinics, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Sports Camp/Clinic activity. As either a Student or Parent/Guardian, I do hereby release the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, Cyclone Sports Camps/Clinics and their officers, employees, agents, all instructors, and all participants in said Cyclone Sports Camps/Clinics from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Cyclone Sports Camp/Clinics activities.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical and Surgical Authorization

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Thielen Student Health Service or other hospitals and clinics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

## Insurance Information (please print)

Name if Insured \_\_\_\_\_ Policy Holder \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_  
Policy No. \_\_\_\_\_ Does your insurance carrier require prior approval? \_\_\_ Yes \_\_\_ No

**This form must be on file for you to participate in the Iowa State Indoor Track Camp. A copy of a current physical (within one year) may serve as the physician's authorization portion of this form. Please fill out this form and send it to the address below. If there are any questions, contact the office for any questions concerning the information in this document.**

Return to:  
Travis Hartke  
Jacobson Athletic Building  
Ames, IA 50011  
Questions?  
Call Travis at 515-450-9583  
Email: [thartke@iastate.edu](mailto:thartke@iastate.edu)

# YMCA Camp of Greater Des Moines

## Health Form

(This form must be completed prior to participation in camp programs.)

Name: \_\_\_\_\_  
Last First Middle

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month / Day / Year

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the participant have any allergies Y Camp should be aware of? \_\_\_\_\_

Does the participant have any health conditions Y Camp should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Are you asthmatic? Y N (If yes, please bring inhaler while at camp.)

Are you diabetic? Y N (If yes, please bring appropriate medication.)

Do you have any special food requirements? \_\_\_\_\_  
(If yes, please contact the camp Program Director 2 weeks prior to your visit.)

Is there any concern that would limit your level of activity?  
\_\_\_\_\_

### Other Emergency Contacts

1. \_\_\_\_\_  
Name Relationship Address

Home Phone Work Phone

2. \_\_\_\_\_  
Name Relationship Address

Home Phone Work Phone

**In case of medical emergency, I hereby give permission to the physician selected by the camp or an appointed staff member to hospitalize, secure proper treatment or order injection, anesthesia or surgery for the participant named on this health form. I will notify the Program Director of any serious restrictions related to his or her participation in the Des Moines YMCA Camp programs. I also assume all responsibility of any medical treatment costs that occur while my child is attending the Des Moines YMCA Camp program. I give permission for my child or myself to be in any camp photos and used for promotional pieces as well as participate in all YMCA Camp activities. I will not hold the Des Moines YMCA Camp or any of its agents, staff or volunteers liable in the event of an emergency or incident relating to loss during Y Camp programs or while using Y Camp facilities.**

**Signature of Participant or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_