

Women's Basketball Sports Camp
Athletic Department, Tiffin University
155 Miami St., Tiffin, Ohio 44883

PARTICIPATION WAIVER & INFORMATION FORM

PERMISSION TO PARTICIPATE

Participant's Name: _____ Participant's Age: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Daytime phone: _____ Cell phone: _____ Evening phone: _____

I, the parent/guardian, give my permission for the above mentioned student to participate in Tiffin University Women's Basketball Camp. I have read the attached brochure of camp activities in which the participant will engage.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, camp staff will try to reach the above mentioned Parent/Guardian. Please provide us with an Emergency Contact Person in case we are unable to reach you.

Name: _____ Relation to the participant: _____

Phone number(s): _____

MEDICAL INFORMATION

If the participant is currently taking any medication or has a medical condition of which we should be aware, including any food allergies, please provide that information below. (Except for program staff, this information will be kept CONFIDENTIAL)

PERMISSION TO USE PHOTOS

The University may take pictures throughout camp. There is a possibility that these photos will be used for publicity and advertising. We will NOT use your child's photos unless we have your permission.

CHECK ONE:

YES, I give the University permission to publish photos of my child.

NO, I do NOT give the University permission to publish photos of my child.

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CONSENT FOR TREATMENT WAIVER

PRINT Participant's Name: _____

Health insurance information (if applicable):

Insurance company: _____ Group Number: _____

Doctor/Clinic Name: _____ Doctor's Phone: _____

I, _____, the parent/guardian of _____, a participant in Tiffin University WBB camp, do hereby voluntarily and knowingly give my consent, in the event of illness or of injury to the above named participant, to the administration of such treatments, including x-rays, tests, transfusions, injections or drugs, as may be considered necessary or desirable in the diagnosis and treatment of the participant by the physician in attendance.

Parent/Guardian Signature: _____ **Date:** _____

RELEASE AND INDEMNITY AGREEMENT

In consideration for the above named participant attending the Women's Basketball camp at Tiffin University, I, _____, the parent/guardian of _____, hereby hold the Trustees, Officers, Agents and Employees of the Tiffin University harmless from any and all claims and causes of action that I may have or acquire against them. I do further discharge Tiffin University of any liability or costs concerning injury, illness, loss or damage sustained by the participant or the property of the participant, while in attendance at camp.

Parent/Guardian Signature: _____ **Date:** _____

