Southwest Kansas Sports Medicine Skills Camp
Medical, Consent, and Liability Waiver

(Note: These forms must be completed and physically turned in at camp check in.)

Camper Contact Information

Camper Last Name: _____ Camper First Name: _____ Date of Birth: _____

Camper Cell Phone: _____ Camper Email: _____

Parent/Guardian 1 Name: _____ Parent/Guardian 1 Cell Phone: _____

Parent/Guardian 2 Name: _____ Parent/Guardian 2 Cell Phone: _____

Non-Parent Emergency Contact Name: _____ Relationship: _____ Cell Phone: _____

Medical Form

Does the camper have any known allergies? ☐ **Yes** ☐ **No**

If yes, identify specific allergy/allergies: _____

Does the camper have asthma? ☐ **Yes** ☐ **No**

If yes, does the camper have an inhaler: _____

Does the camper have activity restrictions? ☐ **Yes** ☐ **No**

If yes, please explain: _____

Any medical history that staff should know? ☐ **Yes** ☐ **No**

If yes, please explain: _____

Pre-Activity Clearance Examination:

I certify that _____ (Participant's Name) has had a pre-activity clearance examination/physical within the last 13 months. I know of no impairments, illness, or injuries that would limit participation in camp activities. I further certify that the above mentioned is free from any contagious diseases and is not experiencing any COVID-19 symptoms.

Participant Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

(Required if Camper is Under 18 Years of Age)

Authorization for Release of Medical Information

I, _____ (Participant's Name), authorize the physicians, sports medicine staff, and other health care personnel representing Garden City Community College or St. Catherine Hospital Centura Health to release information regarding my protected health information and any related information regarding any injury/illness during my participation in camp. This protected health information may concern my medical condition, injuries, prognosis, diagnosis, participation status, and related personally identifiable health information. This protected health information may be released to other health care providers including hospitals, medical clinics, laboratories, medical insurance coordinators, parents and/or guardians (unless noted otherwise), insurance carriers, medical supply vendors, and/or medical service companies, sport-specific administrators, and academic counselors. I understand that this information may be disclosed for treatment needs, payment of treatment, improvement of health care operations, health, and safety, supports of academic progress and participation status.

Participant Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

(Required if Camper is Under 18 Years of Age)

Consent Form

Consent to Treat Statement:

I, _____ (Participant's Name), authorize all diagnostic, medical and/or surgical treatment of the above mentioned as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury; and to provide or arrange necessary transportation to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, Garden City Community College and St. Catherine Hospital Centura Health and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise from such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Participant Name: _____ Signature: _____ Date: _____

I, the undersigned, as the parent or legal guardian of the above minor authorize the above consent to treat statement for my child.

Parent/Guardian Name: _____ Signature: _____ Date: _____
(Required if Camper is Under 18 Years of Age)

Consent for Photography/Media Release:

In consideration of my/my children's participation at Garden City Community College (GCCC), and without any further consideration from GCCC, I hereby grant permission to GCCC and St Catherine Hospital Centura Health (SCHCH), staff and affiliates to utilize my/my children's appearance, performance, or voice in all manner and media throughout the world for the purpose of promotion, reporting or publication. GCCC or SCHCH may use my/my children's name, likeness, voice, and biographical material in connection with publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee, or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

Participant Name: _____ Signature: _____ Date: _____

I, the undersigned, as the parent or legal guardian of the above minor authorize the above consent for photography/media release for my child.

Parent/Guardian Name: _____ Signature: _____ Date: _____
(Required if Camper is Under 18 Years of Age)

Release of Liability Waiver

I, _____ (Participant's Name), understand that I am voluntarily participating in the Southwest Kansas Sports Medicine Skills Camp. I acknowledge that the nature of the camp may expose me to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. In consideration for my being permitted to participate in the camp, I hereby accept all risk to my health and injury or death that may result from such participation. I hereby release Garden City Community College and St. Catherine Hospital Centura Health, its governing board, officers, employees and representatives from any and all liability to myself, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to property and for any and all illness or injury to my person, including death, that may result from or occur during participation in the camp. I further agree to indemnify and hold harmless Garden City Community College and St. Catherine Hospital Centura Health and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the camp.

I am fully aware that there are inherent risks to my involvement with this activity, including but not limited to cuts and scrapes, dehydration/heat stroke, sprains, and unintentional collision injuries like broken bones, concussions, permanent injury or possible death and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to myself and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I agree to indemnify and hold harmless indemnitees from all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third persons as a result of my participation in said activity.

Participant Name: _____ Signature: _____ Date: _____

I, the undersigned, as the parent or legal guardian of the above minor authorize the above release of liability statement for my child.

Parent/Guardian Name: _____ Signature: _____ Date: _____
(Required if Camper is Under 18 Years of Age)