

The Youth Bowl Experience

REQUIRED MEDICALFORMS

This form must be completed and returned to the Athletic Director Michael Harrell by December 20, 2017

PERSONAL INFORMATION

Participant's LastName _____ FirstName _____ Birthdate _____ M F

HomeAddress _____ City _____ State _____ Zip _____

HomePhone _____ E-mailAddress _____

Parent/Guardian1 _____ DaytimePhone _____

Parent/Guardian2 _____ DaytimePhone _____

HealthInsuranceCarrier _____ PolicyNumber _____ PlanNumber _____

PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD

Is physician authorization needed? Yes No FamilyPhysician _____ Phone _____

In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

1. _ Phone _____

2. _ Phone _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

This authorizes The Youth Bowl Experience physicians, medical personnel and clinic sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (participant's name) to clinic staff. This information includes injuries or illnesses relevant to participation in the above named clinic at The Youth Bowl Experience.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

HEALTH HISTORY

Allergies: _____

Date of most recent tetanus immunization: _____

Please list any *major* past illnesses (contagious and non-contagious): _____ None

Please list any *major* operations or serious injuries (include dates): _____ None

Does the youth have any chronic or recurring illness? No Yes

Are there any activities from which the youth should be restricted? No Yes If YES, explain: _____

Does the youth have any special dietary restrictions? No Yes If YES, explain: _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes If YES explain: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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CONSENT TO TREAT A MINOR

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending provider, appropriate staff, and The Youth Bowl Experience, Visual Arts Productions, Stafford Municipal High School 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, grow out of, or be incident to 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.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PERMISSION TO DISPENSE

Will the youth need to take any prescription medication at camp? Yes No

If YES, please list the specific **prescription**, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

Over The Counter Medications:

Ibuprofen (Advil) Yes No; Acetaminophen (Tylenol) Yes No;

Antacids / Anti-Nausea: Maalox Yes No; Throat / Cough Lozenges: Yes No;

Allergies: Benadryl Yes No

Other Non-prescription Medicines which may be administered: _____

I _____, the parent/guardian of _____ give permission to the staff of The YBE to administer the prescription medications listed above.

The Youth Bowl Experience's designated personnel will not dispense non-prescription (Advil, etc.) or prescription medication (antibiotics, insulin, inhalers, etc.) to the above named participant until the following information has been completed by a parent or guardian. I understand it is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

My child may possess and self-administer the following medicine: _____, and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The Youth Bowl Experience, Visual Arts Production, Stafford Municipal High School, and its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

**THE YOUTH BOWL EXPERIENCE * SPORTS CLINIC
ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION
AGREEMENT**

PARTICIPANT: _____

CAMP: _____

LOCATION: _____

DATE(S): _____

I am the parent/Guardian of the above-named Participant and am fully competent to sign this Agreement.

I realize that my child's participation in camp activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of fluids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any camp activity, and this risk is increased even more so with contact sports.

I acknowledge that my child's voluntary participation in this camp may expose him/her to hazards of risks that may result in his/her illness, personal injury, or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by YBE personnel to minimize my child's risk of sustaining an injury/illness while participating in camp activities. My child agrees to use all required protective equipment and follow all rules and instructions from YBE officials regarding safety. Also, my child has no known physical infirmities which could be worsened or aggravated by participation and I declare him/her physically fit and in good medical condition to engage in all YBE activities.

In consideration of my child being permitted to participate in the YBE and to use the program's facilities and equipment, I hereby accept all risk to my child's health and of his/her injury or death that may result from such participation. I hereby release The Youth Bowl Experience, Visual Arts Productions, Stafford Municipal High School, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my child's participation in the camp. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I have carefully read this agreement and I understand that it is legally binding document that affects my child's legal rights and remedies.

Signature of Parent/Guardian _____

Date _____ Address (if different than Participant's) _____

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PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

You may submit a copy of a completed school physical or a physician's examination form completed within the last 14 months in lieu of this page.

Participant's Name _____

Camp (Name / Session /Date) _____

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in The Youth Bowl Experience Sports Camp. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments _____

Date of Physical Examination **(must have been completed within the last 14 months)**

Is youth's immunization record current? Yes No

Physician's Signature _____

Address _____

City/St./Zip _____

Phone _____