



Name of Camper: _____ **DOB:** _____

Consent to Treat

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY) _____

List any medication currently taking: _____

List any allergies: _____

In case of emergency please contact:

Name

Daytime phone

Name

Nighttime phone

Medical Insurance Company

Phone

Insurance Policy Number(s)

I hereby give my permission for CMU sports medicine staff athletic trainers, McClaren – Central Michigan to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to _____ (name of camper) by McClaren – Central Michigan and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

Signature (Parent or Guardian) Date

Photographic Release Form

I, the parent or legal guardian of a child participating in Sport Camps/s sponsored by Central Michigan University (“CMU”), hereby authorize CMU and those acting pursuant to its authority to: (a) Record my child’s likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child’s name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, Internet/WWW or any other form now or hereafter developed) these recordings for any purpose that CMU, and those acting pursuant to its authority, deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of CMU.

Signature (Parent or Guardian) Date

Please mail or fax to: CMU Softball, Rose 100, Mt. Pleasant, MI 48859
Fax Number: (989) 774-2540

CMU is not responsible for lost or stolen property