

Tri-Cities Summer Football Camp

June 20th-23rd

Team Camp Registration and Payment must be turned into your High School Coach. All Team Camp Registrations will be turned in as a group by the Head Coach.

Make Checks or Money Orders payable to:
KaHS Boosters

Total Enclosed: \$300
-This will pay for Team Camp, Spring Football, and Summer Athletic Development Camp.

Name:(Last) _____

(First),

Address:

City/ST/Zip: _

Night Phone: _

Day Phone: _

Parents Name:

Height:. Weight:

Grade in Fall:

High School:.

High School Coach:

T-Shirt Size (circle one) S M L XL XXL
3XL 4XL

Position-Offense: Defense:

Important*

Front and Back copy of insurance card is required to participate in camp activities. Please include with registration. MUST HAVE THIS!!!!!!

Medical Release

I verify that: _____

Camp Participant

Has Medical Insurance with:

Policy Number

And has Dental Insurance with:

Policy Number

Which effectively covers any medical or dental cost incurred as a result of the participation in the Tri-Cities Football Camp. Further, I authorize the medical staff at the Tri-Cities Football Camp to seek any necessary emergency medical or dental treatment my child may need during the course of camp.

Parent Signature

Current Medications

Current Allergies

Acknowledgement of Risk

As the parent/guardian of:

Camp Participant I acknowledge the potential risk of injury related to participating in football and the physical activities associated with participation in the Tri-Cities Football Camp. I knowingly and voluntarily on behalf of the camp participant accept the risk of all such injuries that could occur due to participation in the camp.

Parent/Guardian Signature

Eastern Washington University

2017 Football Summer Camp Medical Release and Consent for Treatment



This medical release waiver must be completed and submitted at registration. Medical insurance and the information regarding your health care coverage must be completed on this medical consent and waiver. EWU Camp Programs do not provide medical care coverage.

Camp Name: _____

Camp Date(s): _____

(Please Print or Complete Electronically) Camper

Name (First, Middle, & Last): _

Birthday: _____ Age: _____ Email: _____

Mailing Address: _____

City: _____

State: .Zip: _____

Parent or Guardian - Emergency Contact: _____

Relation: _____

Home Telephone Number: (_____) _____

Work Telephone Number: (_____) _____

Cell Telephone Number: (_____) _____

Alternative Emergency Contact Name: _____

Relation: _____

Alternative Telephone Number: (_____) _____

Insurance Provider's Name: _____

Policy/Identification Number: _____

Subscriber's Name: _____

Provider's Mailing Address: _____

City: _____

State: _____

Zip: _____

Parent or Guardian: I hereby give my permission for the Eastern Washington University Admissions Office to contact my child regarding information about attending Eastern Washington University. Yes: No: Signature: _____

Pre-Existing Medical Conditions (Include allergy, medication, and special dietary information)

A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD IS REQUIRED, PLEASE PLACE COPY IN BOXES PROVIDED BELOW

FRONT COPY OF CARD

PLEASE SCAN AND PLACE HERE
DO NOT STAPLE!
TAPE AROUND EDGES
DO NOT ATTACH COPY ON SEPARATE
PIECE OF PAPER COPY
OF CARD MUST BE PLACED HERE

BACK COPY OF CARD

PLEASE SCAN AND PUCE HERE
DO NOT STAPLE!
TAPE AROUND EDGES
DO NOT ATTACH COPY ON SEPARATE
PIECE OF PAPER COPY
OF CARD MUST BE PLACED HERE

I hereby authorize the Camp Director, EWU, its staff or agents to administer emergency medical treatment to my child, for any injury or other medical emergency while attending EWU summer camp. This consent also extends the right to EWU, its staff or agents, to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve life or well-being. I hereby release, hold harmless and indemnify the State of Washington, EWU, its staff or agents for any injury or damage related to administration of emergency medical care as authorized herein.

I know of no medical or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his attendance at camps held at Eastern Washington University.

Parent/Guardian Signature: _____ Date: _____

*Please note that you must print the form and provide a handwritten signature. The signature may not be completed digitally.