

MARS HILL UNIV. ATHLETIC DEPARTMENT

Intercollegiate Athletic Prospect Camp Information Record

Prospect's Name _____ Phone _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____ Camp Date _____

School _____ Sport _____ Position _____

Acknowledgement of Risk, Medical Clearance and Permission to Treat

With your participation in an athletic prospect camp, you must understand that due to the nature of sports and athletics, all injuries cannot be completely prevented. You, the prospect and parent/guardian, must understand that sports and athletic participation involves various levels of risk, and be aware that there is a possibility, that an athletic prospect may receive an injury.

In the event of injury, the prospect's parent/guardian must assume the legal and financial responsibility for their son or daughter and give the Sports Medicine Team at Mars Hill College the permission to provide any emergency treatment or care for injuries sustained during the camp.

I, _____ acknowledge that I have read the above statements and understand the involved risks, accept responsibility, and hereby give permission to treat in case of injury. I further acknowledge that my son/daughter has received a physical examination and has been medically cleared to participate in athletics within 6 months of this camp.

Prospect's Name _____ Date _____

Parent/Guardian's Signature _____ Date _____

In addition to signing the above waiver, we require that all prospects provide proof of personal insurance coverage. Please send a copy of the front and back of the insurance card & include the name and policy number of your insurance carrier in the space provided.

Primary (Medical) Insurance

Policy Holder: _____ Social Security # _____

Policy/ID# _____ Home Phone# _____

Name/Address of Employer _____ Employer's Phone # _____

Name/Address of Insurance Company _____ Insurance Phone # _____

Prospect Camp Pre-Participation Checklist: Submit online or bring day of camp to check-in

Acknowledgement of Risk/Medical Clearance/Permission to Treat _____ Front & Back of Insurance Card _____