

CSU Athlete Medical Form

Contact Information and Release Form

Athlete Name: _____ **Date of Birth:** _____

Home Address: _____

Phone #: _____ **Gender:** _____ **Age:** _____

Email: _____

Parent/Guardian Contact Information (include location during camp session)

Parent/Guardian 1: Name: _____

Address: _____

Home Phone#: _____ **Cell #:** _____

Location/phone# during camp: _____

Parent/Guardian 2: Name: _____

Address: _____

Home Phone#: _____ **Cell #:** _____

Location/phone# during camp: _____

Emergency Contacts

Name: _____ **Relationship:** _____

Phone #: _____

Name: _____ **Relationship:** _____

Phone #: _____

Family Health Insurance Company Name, Address, and Policy #: _____

Family Physician Name and Phone #: _____

Family Dentist Name and Phone #: _____

CONSENT FOR MEDICAL TREATMENT FOR A MINOR (one form per child)

As parent or legal guardian of I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my dependent. "I understand that the directors and coaches of Cambridge Sports Union or anyone associated with the sites we run our camp at, its trustee, agents and officers, will not assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health, and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me accordingly to their best judgment in any emergency requiring medical attention in the event that I and my emergency contacts cannot be reached. I will hold harmless Cambridge Sports Union, and any other site used by Cambridge Sports Union, it's trustees, agents and officers of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of its activities."

MEDICAL: I certify that no significant health problems have occurred since last exam on _____.

Parent or Guardian Signature: _____ **Date:** _____