

JACKSONVILLE

U N I V E R S I T Y

JU Football Prospect Camp 2017
Liability Release and Medical Form

CHILDS NAME

Date of Birth _____ Age _____ Male _____ Female _____

Health Insurance Company _____

Policy/Group # _____ phone _____

Hospital or physician _____ phone _____

In case of emergency contact:

Name _____ relationship _____

Phone _____ alternate phone _____

-Or-

Name _____ relationship _____

Phone _____ alternate _____

In the event of an emergency, during which you cannot be reached, do you authorize the staff of JU Football Prospect Camp at Jacksonville University 2017 to seek treatment considered necessary for this student?

Yes _____ No _____ Initial _____

List any restrictions, allergies, and/or health problems of which the staff should be aware. Include any prescription or non-prescription medication the student will be administered or allowed to take during the hours of dance camp:

I, _____ the undersigned parent/guardian, do hereby hold Jacksonville University and the staff of JU Football Prospect Camp 2017 at Jacksonville University, harmless and release from all liability, claims or causes of action for injury suffered by the above mentioned student while in attendance for the 2017 JU Football Prospect Camp at Jacksonville University.

Parent/Guardian (signature): _____ **Date:** _____

Parent/Guardian (print): _____ **Phone:** _____