2018 TEXAS VOLLEYBALL CAMP

MEDICAL/TRANSPORTATION FORM PACKET

INDIVIDUAL CAMPS

© Texas Volleyball Camp

TEXAS VOLLEYBALL CAMP | INDIVIDUAL CAMPS
REQUIRED MEDICAL AND TRANSPORTATION FORMS CHECKLIST

Please read the medical and transportation forms packet carefully. THE ENTIRE PACKET MUST BE COMPLETED AND RECEIVED BEFORE YOUR CHILD CAN PARTICIPATE IN CAMP. We would like to receive all forms back as soon as possible, but SHOULD BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO THE START DATE OF YOUR CAMP. If you register after this date, please send the medical and transportation forms as soon as possible. Please make sure that all forms are completed and THAT YOU SIGN ALL APPLICABLE AREAS.

For your records, please make a copy prior to mailing and bring it to registration.

THIS PACKET IS AN INTERACTIVE PDF. PLEASE REVIEW EACH FORM THOROUGHLY AND FILL OUT ALL APPLICABLE INFORMATION. PRINT, SIGN AND RETURN COMPLETED FORMS TO THE TEXAS VOLLEYBALL CAMP. TYPED SIGNATURES WILL NOT BE ACCEPTED.

Personal Information | Page 1
- Fill in every applicable space.
- Please include a photocopy of your insurance card.

Authorization for Release of Medical Information | Page 1
- PARENT / LEGAL GUARDIAN MUST SIGN AND DATE.

Health History | Page 1
- Fill in every applicable space.

Notice of Privacy Practices | Page 1
- PARENT / LEGAL GUARDIAN MUST SIGN AND DATE.

Consent to Treat a Minor | Page 2
- PARENT / LEGAL GUARDIAN MUST SIGN, PRINT NAME, AND DATE.

Permission to Dispense Medications | Page 2
- Fill in every applicable space.
- Be sure to list all prescription and non-prescription medications you will need us to dispense.
- Please list any medications your child will self-administer.
- PARENT / LEGAL GUARDIAN MUST SIGN AND DATE.

Assumption of Risk / Release and Indemnification Agreement | Page 3
- PARENT / LEGAL GUARDIAN MUST SIGN AND DATE.

Transportation Option | Page 4
- Choose the applicable transportation option.
- Fill out all applicable information.
- PARENT / LEGAL GUARDIAN MUST SIGN AND DATE.

Pre-Activity Clearance Examination: Physician Authorization | Page 5
- FORM MUST: BE SIGNED AND DATED BY A PHYSICIAN AND INCLUDE THEIR ADDRESS AND PHONE NUMBER.
- THE PHYSICAL MUST BE CURRENT THROUGH THE DURATION OF CAMP.
- PHYSICALS MORE THAN 14 MONTHS OLD WILL NOT BE ACCEPTED.
- A personal physician's form or UIL physicals may be substituted if it meets requirements above.

Reset Form Print Form

The University of Texas at Austin
Department of Intercollegiate Athletics
REQUIRED MEDICAL AND TRANSPORTATION FORMS

Camp you are attending: Texas Volleyball Camp
Name of Camp Director: Nathan Mendoza
Camp Director Phone: (512) 471-0804 Camp Fax: (512) 471-3940
Camp Mailing Address Texas Volleyball Camp, PO Box 7399, Austin, TX 78713

This form must be completed and returned to the camp director prior to the program start date.

PERSONAL INFORMATION

Camper's Last Name _____ First Name_____Birthdate_____ M☐ F☐

Home Address_____ City_____ State_____ Zip_____

Home Phone_____ E-mail Address_____

Parent/Guardian 1_____ Daytime Phone_____

Parent/Guardian 2_____ Daytime Phone_____

Health Insurance Carrier_____ Policy Number_____ Plan Number_____

PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD

Is physician authorization needed? ☐ Yes ☐No Family Physician_____ Phone_____

In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

1. _____ Phone_____
2. _____ Phone_____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (participant name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

HEALTH HISTORY

Allergies: _____

Date of most recent tetanus immunization:_____

Please list any *major* past illnesses (contagious and non-contagious): _____ ☐ None

Please list any *major* operations or serious injuries (include dates): _____ ☐ None

Does the youth have any chronic or recurring illness? ☐ No ☐ Yes

Are there any activities from which the youth should be restricted? ☐ No ☐ Yes If YES, explain: _____

Does the youth have any special dietary restrictions? ☐ No ☐ Yes If YES, explain: _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐ No ☐ Yes If YES, explain: _____

The University of Texas at Austin honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link http://www.texassports.com/HIPAA-notice to the University Notice of Privacy Practices.

I have received a copy of University *Notice of Privacy Practices* as required by HIPAA Privacy Rules.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

The University of Texas at Austin
Department of Intercollegiate Athletics
REQUIRED MEDICAL AND TRANSPORTATION FORMS 2/5

CONSENT TO TREAT A MINOR

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and The University of Texas at Austin and it's officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

_____

PRINT NAME

PERMISSION TO DISPENSE

Will the youth need to take any prescription medication at camp? ☐ Yes ☐No

*If YES, please list the specific **prescription**, and daily dosage.*

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

Over The Counter Medications:

Ibuprofen (Advil) ☐ Yes ☐No; Acetaminophen (Tylenol) ☐ Yes ☐No;
Antacids / Anti-Nausea: Maalox ☐ Yes ☐No; Throat / Cough Lozenges: ☐ Yes ☐No;
Allergies: Benadryl ☐ Yes ☐No
Other Non-prescription Medicine which may be administered: _____

I _____, the parent/guardian of _____ give permission to the staff of the UT Sponsored Sports Camp to administer the prescription medications listed above.

The UT Sponsored Sports Camp's designated personnel will not dispense non-prescription (Advil, etc.) or prescription medication (antibiotics, insulin, inhalers, etc.) to the above named participant until the following information has been completed by a parent or guardian. I understand it is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

My child may possess and self-administer the following medicine: _____
_____, and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

THE UNIVERSITY OF TEXAS AT AUSTIN * SPORTS CAMPS
ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: _____ **CAMP:** Texas Volleyball Camp

LOCATION: The University of Texas | Austin, TX **DATE(S):** 6/24/18-6/26/18, 6/27/18-6/29/18,7/6/18-7/8/18, 7/9/18-7/11/18, 7/12/18-7/14/18

I am the parent/Guardian of the above-named Participant and am fully competent to sign this Agreement.

I realize that my child's participation in camp activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous of faulty equipment, training when environmental conditions are dangerous (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any camp activity, and this risk is increased even more so with contact sports.

I acknowledge that my child's voluntary participation in this camp may expose him/her to hazards of risks that may result in his/her illness, personal injury, or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by UT camp personnel to minimize my child's risk of sustaining an injury/illness while participating in camp activities. My child agrees to use all required protective equipment and follow all rules and instructions from University officials regarding safety. Also, my child has no known physical infirmities which could be worsened or aggravated by participation and I declare him/her physically fit and in good medical condition to engage in all camp activities.

In consideration of my child being permitted to participate in the camp and to use the program's facilities and equipment, I hereby accept all risk to my child's health and of his/her injury or death that may result from such participation. I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my child's participation in the camp. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I have carefully read this agreement and I understand that it is legally binding document that affects my child's legal rights and remedies.

_____ _____ _____
Signature of Parent/Guardian Date Signed Address (if different than Participant's)

The University of Texas at Austin
Department of Intercollegiate Athletics
REQUIRED MEDICAL AND TRANSPORTATION FORMS 4/5

Choose the appropriate transportation option(s) for your minor.

☐ **Parent/Legal Guardian Drop-Off/Pick-Up**

I _____, the parent/guardian of _____ ("my child") will drop-off and pick-up my child from camp during the duration of the above named camp at The University of Texas at Austin.

If I am unable to pick-up or drop-off my child, the person named below is authorized to do so.

I grant permission for the following individual to pick-my child up and/or drop-off from the above named camp at The University of Texas at Austin. *(This person is required to show photo identification to the designated camp personnel).*

Person's Full Name _____ Phone Number _____

Driver's License Number (REQUIRED) _____ Expiration Date _____

Address _____

☐ **Permission to Walk/Bus/Bike/Fly**

I _____, the parent/guardian of _____ authorize and give consent to the above named camp at The University of Texas at Austin to release my child from camp without parental or guardian supervision and hereby consent, acknowledge and allow my child to ☐ walk ☐ bus ☐ bike ☐ fly to and from camp.

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for any and all illness or injury to my child's person, including his/her death, that may result from or occur during my child's walk, bus ride or bike to and from the camp without parental or guardian supervision, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF TEXAS AT AUSTIN CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

☐ **Permission to Drive**

I _____, the parent/guardian of _____ give permission to my child to drive to campus to participate in the above named camp at The University of Texas at Austin. I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to campers who have been approved to drive to camp:

1. You must provide a signed permission form from a parent/legal guardian to bring your car to campus. This form must be completed and returned prior to the program start date.
2. Campers must turn in their car keys to the camp office each morning. The keys will be returned at the end of the day.
3. Campers are not allowed to provide rides to other campers.
4. Campers may not leave campus for lunch.
5. Campers driving to and from camp will be required to check in with their counselor after arriving and before leaving each day.
6. Campers are responsible for all parking charges incurred.

_____ _____ _____

Signature of Parent/Legal Guardian Print Name Date

The University of Texas at Austin
Department of Intercollegiate Athletics
REQUIRED MEDICAL AND TRANSPORTATION FORMS 5/5

PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

You may submit a copy of a completed school physical or a physician's examination form completed within the last 14 months in lieu of this page.

Participant's Name _____

Camp (Name / Session / Date) **Texas Volleyball Camp** _____

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the *University Sponsored Summer Sport Camps.* I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments _____

_____

_____

_____

_____

_____

Date of Physical Examination **(must have been completed within the last 14 months)**

_____

Is youth's immunization record current? ☐ Yes ☐ No

Physician's Signature _____

Address _____

City/St./Zip _____

Phone _____