

SPORTS CAMP

Athletic Department, University of Detroit Mercy
4001 W. McNichols Rd, Detroit, MI 48221

PARTICIPATION AGREEMENT & INFORMATION FORM

PERMISSION TO PARTICIPATE

Participant's Name: _____ Participant's Age: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Daytime phone: _____

Cell phone: _____

City, State, Zip: _____ Evening phone: _____

I, the parent/guardian, give my permission for the above mentioned student to participate in the University of Detroit Mercy SPORTS CAMP. I have read the attached brochure of camp activities in which the participant will engage.

Parent/Guardian Signature _____ **Date** _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, the staff of the SPORTS CAMP will try to reach the above mentioned Parent/Guardian. Please provide us with an Emergency Contact Person in case we are unable to reach you.

Name: _____ **Relation to the participant:** _____

Phone number(s): _____

MEDICAL INFORMATION

If the above mentioned participant is currently taking any medication or has a medical condition of which we should be aware, including any food allergies, please provide that information below. (Except for program staff, this information will be kept CONFIDENTIAL)

PERMISSION TO USE PHOTOS

The University may take pictures throughout the SPORTS CAMP. There is a possibility that these photos will be used for publicity and advertising. We will NOT use your child's photos unless we have your permission.

CHECK ONE:

- YES, I give the University permission to publish photos of my child.
- NO, I do NOT give the University permission to publish photos of my child.

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CONSENT FOR TREATMENT / WAIVER FORM

PRINT Participant's Name: _____

CONSENT FOR TREATMENT

Health insurance information (if applicable):

Insurance company: _____ Group Number: _____

Doctor/Clinic Name: _____ Doctor's Phone: _____

I, _____, the parent/guardian of _____, a participant in the SPORTS CAMP, do hereby voluntarily and knowingly give my consent, in the event of illness or of injury to the above named participant, to the administration of such treatments, including x-rays, tests, transfusions, injections or drugs, as may be considered necessary or desirable in the diagnosis and treatment of the participant by the physician in attendance.

Parent/Guardian Signature: _____ Date: _____

RELEASE AND INDEMNITY AGREEMENT

In consideration for the above named participant attending the SPORTS CAMP at the University of Detroit Mercy, I, the parent/guardian of the above named participant, hereby hold the Trustees, Officers, Agents and Employees of the University of Detroit Mercy (collectively "UDM") harmless from any and all claims and causes of action that I may have or acquire against them. I do further discharge UDM of any liability or costs concerning injury, illness, loss or damage sustained by the participant or the property of the participant, while in attendance at the SPORTS CAMP.

Parent/Guardian Signature: _____ Date: _____