

Athletic Camp Medical Release Form 2018

Dear Parents or Guardians: Please fill out, sign and return this form to the address at the bottom. The medical release portion is required and must be returned prior to the beginning of camp; however, the photo release portion is optional.

My child will be attending the following athletic camp(s), offered through Conference and Scheduling Services at Southern Illinois University Carbondale (please check all that apply):

Baseball

Track & Field Throws

Cross Country

Participant's Name (please print): _____

Participant's Date of Birth: _____

Parent/Guardian: I verify that my child has received a physical examination (within the last year) and is able to participate in an athletics/sports camp. I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at camp.

I can be reached at:

Day: _____

Evening: _____

Cell: _____

Home Address: _____

City, State, Zip: _____

Please indicate any special medical problems (medicine, injury, allergies) of which we should be aware:

Parent/Guardian's Name (please print): _____

Signature of Parent/Guardian: _____

Date: _____

I grant permission to the Board of Trustees of Southern Illinois University and its agents to make, use, copyright and publish news stories, still photographs and/or video or audio recordings. I grant the right and permission to use the material, including reproduction in publicity releases, slide productions, Web site, publications, television productions or any other media. I also grant permission for representatives of news media to photograph/video my child for use in news stories about camp activities.

Participant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

MEDICAL RELEASE - REQUIRED

MEDICAL RELEASE - REQUIRED

PHOTO RELEASE

OPTIONAL

THIS FORM MUST BE RETURNED TO CONFERENCE AND SCHEDULING SERVICES PRIOR TO THE BEGINNING OF CAMP IN ORDER FOR YOUR CHILD TO ATTEND.

Please fax or mail this form to:

Conference and Scheduling Services
Mail Code 6705
Southern Illinois University Carbondale
Carbondale, IL 62901
FAX: (618) 453-5680 (24 hours)
PHONE: (618) 536-7751

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University
CARBONDALE