

Participation Consent Form and Release

Name of Camp/Clinic Participant:

Part A: **Parent/Guardian Permission to Participate**

I hereby give my permission for the above named child to engage in East Catholic High School's summer camp programs. I understand that in the event of injury, reasonable action will be taken by the instructor to secure appropriate medical care, as indicated in Part B below.

Part B: **Parent/Guardian Medical Consent**

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, certified athletic trainer, and/or hospital or urgent care center during all periods of time in which the child is away from his/her legal residence as a participant in the summer camp programs. Further, I hereby waive, on behalf of myself and the above named child, any liability of East Catholic High School, Integrated Rehabilitation Services, the Office of Catholic Schools, the Archdiocese of Hartford, and each of their agents, employees, or agents arising out of such medical treatment.

Part C: **Parent/Guardian**

I understand and acknowledge that participating in athletic camps, and training, involve the potential for injury which is inherent in all sports or similar activities. I acknowledge that even with the best instruction and coaching, use of the most advanced protective equipment, and strict observance of rules and regulations, injuries are still a common possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, and other extensive injuries.

Part D: **Photo Release**

We also give permission for any group photographs taken during the camps, and used for publicity purposes or other means to be used. We understand that my child will not be identified by name when photos are used to publicize the camps or clinics.

Part E: **Medical History Questionnaire**

In preparation for participation in the camp or clinic, please place a check [✓] mark indicating the most appropriate response to the following Medical History questions.

For any questions receiving a “Yes” response provide further details in the box provided below. Note: all information noted below will be shared in a confidential manner with the camp/clinic coach and/or instructor.

Medical History Question	Yes	No
Is your child allergic to any general medications (aspirin, penicillin, etc.)?		
Is your child allergic to bee stings or does he/she otherwise carry an EpiPen?		
Is your child allergic to any foods (e.g., peanut butter)?		
Has your child ever suffered an epileptic seizure?		
Has your child ever been diagnosed with any form of heart disease?		
Does your child have asthma?		
Has your child suffered a concussion during the past 4 years?		
Has your child ever had an injury to their neck involving nerves, vertebrae or discs that incapacitated him/her for a week or longer?		
Has your child fractured a bone, or suffered a shoulder/hip separation during the past 4 years?		
Has your child been hospitalized for any injury or operated on in the past 4 years?		
Does your child have any other chronic conditions not noted above?		
Comments or Further Details for any Answers Receiving a “Yes” Response:		

Parent/Guardian Signature

Date