CAMPER'S NAME:_________________________

DUKE SUMMER CAMP HEALTH FORM

This form must be completed and signed by the camper's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. **This form will be returned to you if it is incomplete**. Please type or print in **black ink.**

CAMPER INFORMATION

Camper's Name ____Social Security # __________
Permanent Address ____________________________________Date of Birth _______Sex___
City/State/Zip ____Home Phone _____________

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first:
Name________________________________
Relation to camper ___________________
Daytime Phone ______________________
Evening Phone ______________________

Backup contact (relative or friend):
Name______________________________________
Relation to camper __________________________
Daytime Phone _____________________________
Evening Phone _____________________________

INSURANCE POLICY INFORMATION

The above-named child is covered by health insurance:____Yes____No
If yes, provide the following information which is required by Duke University Medical Center to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name ______________________________P.H.'s Date of Birth _______
Address ____Relation to Camper ________
City/State/Zip ____Occupation ______________
P.H.'s Employer ____
Employer's Address ____
Insurance Company ____
Insurance Company's Address ____
Policy # ____Plan # __________________

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named camper, authorize the Duke Summer Camp staff to seek medical treatment for the camper as they see necessary at Duke University Medical Center or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon a possible of any and all diagnoses and treatments.

______________________________	______________________________	______________
Legal Guardian's Signature	Print Name	Date

CAMPER'S NAME:___________________________

Directions: Completion of this form by a parent or guardian is required before a student can enter camp. Please answer all questions. **Incomplete forms will be returned to you for the missing information**. Please type or print in black ink. Attach any specific recommendations from your physician to this form.

DOES THE CAMPER CURRENTLY HAVE ANY OF THE FOLLOWING? (if yes, please describe)

Drug allergies:___________________________

Food allergies:___________________________

Allergies to insect bites: ___________________________

Special dietary needs: ___________________________

Asthma:___________________________

Frequent headaches: ___________________________

Dizziness or seizures: ___________________________

LIST: Other health problems:___________________________

____

Limitations of Activities: ___________________________

____

Medications the camper is currently taking: ___________________________

____

____

(**Please note:** Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain._______yes ______no

____

____

MEDICAL HISTORY

IMMUNIZATION DATES:

Measles ___________________

Mumps ___________________

Rubella ___________________

OR MMR___________________

Last Tetanus _______________

(DPT, TT or TD)

Polio Series completes ______

Date of last medical check-up:_______

Reasons for any hospitalizations in the past 5 years:

____

____

____

____

____

____

PHYSICIAN'S INFORMATION *(to be completed by physician)* Please **PRINT** the following information:

Physician's Name:___________________________

Address:___________________________

City/State/Zip ___________________________

Telephone ___________________________

I have examined the above named camper and found she/he to be able to participate in all activities of the Duke University Volleyball camp.

___________________________ ___________________________ _______________

Physician's Signature Print Name Date

DUKE VOLLEYBALL CAMP

Box 90555; Durham, NC 27708 Phone: 919-684-2778

WAIVER AND RELEASE STATEMENT

The undersigned being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a participant in the camp, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release the Duke Volleyball Camp, Duke University, the Duke University Athletic Department, Jolene Nagel and all other employees or agents of the camp from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the camper during or related to camp.

Participant's Name: ____

Parent / Guardian's Signature: ____

This is the __________ day of ________, 2018.

Please Return ASAP

Mail To:
Duke Volleyball Camp
Box 90555
Durham, NC 27708

DUKE MEDICAL INFORMATION FORM

PARTICIPANT INFORMATION

Participant's Name____

Permanent Address____

City, State, Zip ______________________ Home Phone ( ) _____________________

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First: _________________ Backup Contact (Relative or Friend):

Name_______________________________	Name______________________________
Relation to Participant__________________	Relation to Participant__________________
Daytime Phone ( )______________________	Daytime Phone ( ) ___________________
Evening Phone ( )_____________________	Evening Phone ( )___________________

INSURANCE POLICY INFORMATION

Are you covered by health insurance? ___________

Policy Holders Name_________________________	Policy Holders Date of Birth_______
Address_____________________________________	Relation to Participant____________
City, State, Zip______________________________	Occupation____________________

Employers Address____

Insurance Company Name____

Insurance Company Address____

Member #___________________________ Group #_________________________

Plan Type: _______ (Duke Select, etc).

I certify that the Participant,___________________________ (name), will participate in __________________ (Program) and is insured under the above insurance and that the information is current and accurate. I have verified with my insurance company and/or agent that my health and accident insurance covers the Participant in Durham, North Carolina where the Program will occur and expires on ____________________. I hereby assume responsibility for all medical expenses the Participant incurs while he/she participates in any activity of the Program. I understand and agree to bear all financial responsibility for any medical treatment arising from the Participant's participation in the Program, and specifically to maintain throughout the Program coverage under a policy of comprehensive health and accident insurance. Such policy shall provide coverage for injuries and illnesses the Participant sustains or experiences while participating in the Program. **I further agree and understand that Duke University shall not provide medical insurance for, or assume financial responsibility for, any injury or illness the Participant incurs while participating in the Program.** I understand that I must make provisions before departure for the continuation of any medical treatments, the meeting of any special medical or nutritional needs, and the securing of any special services or facilities that

the Participant may need during the Program. Duke University makes no representation with respect to the availability or quality of any medical services or medical facilities during the Participant's participation in any activity of the Program.

I/We further agree that the Program reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should the University cancel this Program, full refunds of the Program fees will be made unless the cancellation is due to causes outside of the control of the Program, in which case the Program will refund *only uncommitted and recoverable funds*. In addition, it should be agreed that the cost of travel to and from the Program is not included in any fees that may be refunded.

I/We further agree that in the event Participant is removed from the Program due to a medical condition or injury, I agree to remove the Participant forthwith. I am solely responsible for paying the Participants non-scheduled transportation and any incidental travel expenses back to the Participants original point of departure.

RELEASE AND WAIVER OF LIABILITY

In return for Duke University permitting the Participant to register and participate in the Program, I/we hereby voluntarily agree to the following:

A. I/WE RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Duke University, its affiliates, trustees, officers, employees or agents, (hereinafter referred to as RELEASEES) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, injury or harm of any sort, including death, that may be sustained by the Participant, and for damage to any property belonging to him/her, that occurs as a result of traveling to or from any site in connection with the Program, or as a result of the Participant's participation in the Program. It is our intent and agreement that the terms of this Release and Waive of :Liability shall bind any person asserting rights on our behalf, or otherwise asserting claims by or through us, including my spouse, family members, heirs, assigns and personal representatives.

B. I/We further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the state of North Carolina. Further, the release, waiver, discharge and covenant not to sue as expressed in this section is given pursuant to the Uniform Contribution Among Tortfeasors Act, North Carolina General Statutes Section 1B et seq. It is my/our intention not only to release any and all claims against RELEASEES, but also to relieve RELEASEES from any liability to make contribution to other tortfeasors on account of any claims.

C. In signing this Waiver and Release, I/We acknowledge and represent that I/we have informed ourselves fully of the contents of this Waiver and Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and Participant understands what it means and that I/We sign this document freely. I/We further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in this Program.

[**NOTE**: Participant and the Participant's Parent/Guardian agree that this Release and Waiver of Liability may be executed in counterparts (i.e., each required signature may appear on separate printed copies of the Release and Waiver of Liability), and that such counterpart versions each shall be deemed an original and together shall constitute one and the same document for legal purposes.]

Participant: ____ Date: ________________________

I am the parent or guardian of the above-named Participant. I have reviewed this Duke Medical Form and Release and Waiver of Liability and the description of the Program, have discussed it with the Participant and concur with the Participant's participation in the Program under the terms of this Release and Waiver of Liability.

Signature of Parent/Guardian: _______________________________________

Date: ____________________________________

CAMP SHUTTLE SERVICE FORM

If needed, please enclose $35.00/70.00 for the shuttle with this form.

NAME ____

ARRIVING FLIGHT INFORMATION:

Date: ________________________

Airline: ______________________ **Flight No.**__________ **Arrival Time:** ____________

Connecting City before Raleigh/Durham: ____

Friends Traveling With: ____

DEPARTING FLIGHT INFORMATION:

Date: ___________________________

Airline: ______________________ **Flight No.**__________ **Arrival Time:** ____________

Connecting City before Raleigh/Durham: ____

Friends Traveling With: ____

Name & Phone of contact if camper is not on arriving flight or misses departing flight:

NAME: ___________________________ **PHONE:** ____________________

Due to the September 11th tragedies, Airport security has been heightened. Therefore we will not be able to meet you at the gate, nor will we be able to stop at the curbside and wait for campers. Go to the baggage area where we will have a Duke Volleyball Camp representative there to meet and direct you to the shuttle. A van with a sign in the window indicating Duke Volleyball Camp will pick you up there. We appreciate your cooperation.

DUE JULY 1, 2014

OFFICE USE ONLY: __________ **RECEIVED** __________ **PAID**