

5. Had a recent injury? Yes No
6. Had asthma/wheezing/shortness of breath?..... Yes No
7. Have diabetes? Yes No
8. Had seizures? Yes No
9. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder? Yes No
10. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
11. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
12. Had a significant life event that continues to affect the Participant's life? (*I.e. History of abuse, death of a loved one, family change, foster care, new sibling, survived a disaster, others*) Yes No
13. Had headaches? Yes No
14. Wear glasses, contacts, or protective eyewear? Yes No
15. Experienced fainting or dizziness?..... Yes No
16. Passed out/had chest pain during exercise? Yes No
17. Had mononucleosis ("mono") during the past 12 months?. Yes No
18. If female, have problems with periods/menstruation?. Yes No
19. Have problems with falling asleep/sleepwalking?..... Yes No
20. Ever had back/joint problems?... Yes No
21. Have a history of bedwetting?..... Yes No
22. Have problems with diarrhea/constipation?..... Yes No
23. Have any skin problems?... Yes No
24. Traveled outside the country in the past 9 months?..... Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

The Participant is undergoing treatment at this time for the following conditions:
(describe below) None.

ALLERGIES

- No known allergies
- To foods (*list*):
- To medications (*list*):
- To the environment (*insect stings, hay fever, etc. – list*):
- Other allergies (*list*):
- Dietary restrictions (*list*):

Describe previous reactions

Explain/describe if Participant has a need for an EpiPen or Epinephrine

MEDICATION INFORMATION

- No daily medications.
 - Will take the following prescribed medication(s) while at the Program.
- Any special storage requirements for the medications are noted below.

Medication Name _____ Dose: _____

Frequency: _____ Reason: _____

Medication Name _____ Dose: _____

Frequency: _____ Reason: _____

Other treatments/therapies to be continued during the Program:
(describe below) None needed.

You must attach authorization from a licensed health care provider (ie, a prescription) for all medications Participant will bring to the Program. All medications must be brought to the Program in their original packaging, and must be checked in with program staff on arrival day to be securely stored. Participants may (and are encouraged to) keep with them urgent-need medications such as inhalers, epinephrine, insulin, and glucagon devices.

OTC MEDICATION AUTHORIZATION

The following non-prescription drugs may be stocked by the Program and may be used on an as-needed basis to manage illness and injury. Cross out those this Participant should NOT be given.

Acetaminophen (Tylenol)	Bismuth subsalicylate (e.g., Pepto-Bismol)
Ibuprofen (e.g., Advil, Motrin)	Laxatives for constipation (e.g., Ex-Lax)
Guaifenesin	Hydrocortisone 1% cream
Diphenhydramine (e.g., Benadryl)	Topical antibiotic cream
Generic cough drops	Aloe
Lice shampoo or scabies cream	Antifungal cream
Antacids (e.g., Tums)	Loperamide (e.g., Imodium)
Calamine lotion	

OTHER INFORMATION

Please provide in the space below any additional information about the Participant’s health that you think important or that may affect the Participant’s ability to fully participate in the program. Attach additional information if needed.

IMMUNIZATION HISTORY

Please provide the following immunization history information. **You must attach a provider record verifying Participant’s immunization history.**

REQUIRED IMMUNIZATIONS				
Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTP/Td (All Participants must submit documentation of 3 doses of tetanus. One MUST be a Tdap. One must be given in the last 10 years)				
Tdap				
MMR (Measles, Mumps, Rubella) 2 MMR vaccines required on or after first birthday OR positive titers (lab reports must be attached) OR				
Measles (single antigen 2 required on or after first birthday)				
Mumps (single antigen 2 required on or after first birthday)				
Rubella (single antigen 1 required on or after first birthday)				
Hepatitis B (The state of NC does not accept titers for this requirement. Designate vaccine type and list dates below.)				
Engerix-B (3 doses required) OR				
Hepilisav-B (2 doses required)				
Meningococcal ACWY (Required after age 12. Booster required after age 16)				
Varicella (chickenpox)				
Varicella vaccine (2 doses required) OR				
Varicella IgG positive titer (lab report must be attached)				
Polio (3 doses required for Participants under the age of 18)				

FITNESS TO PARTICIPATE

I certify that the above information is complete and accurate. I have reviewed and understand the program description and activities of the program and believe that Participant is physically and emotionally fit to participate in the Program without restrictions or adaptations, except as noted below:

Yes No

DUKE MINORS PROGRAM PARTICIPATION AGREEMENT

Program Name and Dates: _____
(“Program”)

Participant Name: _____
(“Participant”)

Parent or Legal Guardian Name: _____ (“Parent/Legal Guardian”)

This Participation Agreement (the “Agreement”), effective as of the date of signature by the Parent/Legal Guardian, is entered into by and between Duke Volleyball Camp for Girls and Parent/Legal Guardian.

This Agreement must also be signed by the Participant, which signature reflects that the Parent/Legal Guardian and Participant have reviewed the Agreement and all materials linked to this Agreement; that the Parent/Legal Guardian has discussed the Program in detail with the Participant and has explained to the Participant that the Program may have risks and that Participant’s participation is voluntary; and that the Participant understands and agrees to all of the terms of this Agreement and all materials linked to this Agreement, including but not limited to the behavioral expectations.

1. Voluntary Participation: Program Description

- (a) In return for and as a condition of Duke Volleyball Camps providing to Participant the opportunity to participate in the Program, Parent/Legal Guardian hereby voluntarily agrees to allow the Participant to participate in the Program and agrees to the terms and conditions set forth in this Agreement.
- (b) Parent/Legal Guardian agrees that he/she has fully read, understands, and agrees to this Agreement; the Description of Risks (“Description of Risks”) set forth below; and any other materials provided by Duke Volleyball Camps regarding the Program. Parent/Legal Guardian agrees that he/she has discussed the Program in detail with the Participant.
- (c) During this volleyball Program, Participants will participate in drill activities and scrimmages that involve repetitive motion and actions including running, sprinting, jumping, swinging, diving, pivoting, blocking, scrimmaging, and other similar activities. Participants will use Duke University dining areas, volleyball courts in Cameron Indoor Stadium, the Card Gymnasium court, locker rooms, team room, and, for overnight programs, Duke University residence halls.

Volleyball is a sport involving risks. Risks include, but are not limited to being hit by a ball or other players; colliding with Participants, instructors, counselors, other staff, spectators, facilities, or equipment; injuries resulting from actions of Participants, instructors, counselors, other staff, spectators, and/or people. Such risks can lead to injuries including, but not limited to, serious head, neck, and spinal injuries and serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other parts of Participant’s body that may result in permanent disability or death. Additional risks include injuries from dehydration and exposure to weather elements such as sun, lightening, and other hazardous conditions; variation of the terrain and other natural or man-made hazards; fatigue or exhaustion.

- (d) Duke reserves the right, in its sole discretion, to add, modify, or remove elements of the Program or

cancel the Program.

2. Behavioral Requirements; Duke Policies; Dismissal from the Program

- (a) Parent/Legal Guardian understands and agrees that (i) Participant must comply with all behavioral requirements established by the Program; (ii) Participant must in all cases and at all times act with a high regard for the health and safety of Participant and others; and (iii) Participant must follow and not deviate from all the directions and procedures communicated to Participant by those operating the Program.
- (b) Parent/Legal Guardian acknowledges and understands that Participant is subject to and must comply with all Duke Volleyball Camps and Duke policies, rules, and regulations, applicable to the Program, as they now exist or are later amended, including without limitation the policies that may be referenced in the Program Description and related Program materials.
- (c) Duke Volleyball Camps may dismiss a Participant from the Program if Duke Volleyball Camps determines, in its sole discretion, that
 - Participant has not complied with the behavioral requirements for the Program
 - Participant has violated a law
 - Participant has violated any Program policy, any applicable Duke Volleyball Camps or Duke policy, or any relevant third party policy
 - Continued participation by Participant in the Program poses a risk to the health, safety, or welfare of the Participant or others
 - Continued participation by Participant in the Program will materially disrupt the Program.
- (d) If Duke Volleyball Camps dismisses Participant from the Program, Duke Volleyball Camps will inform Parent/Legal Guardian of the decision. If Parent/Legal Guardian is unavailable, Duke Volleyball Camps will inform an emergency contact, as designated by Parent/Legal Guardian on the required medical form. Once Duke Volleyball Camps notifies the Parent/Legal Guardian or an emergency contact that Duke Volleyball Camps has dismissed Participant from the Program, the applicable person must pick up Participant and remove them from the Program within twenty-four hours. If Duke Volleyball Camps dismisses Participant from the Program, Duke Volleyball Camps will not refund Program fees.

3. Reasonable Accommodations; Insurance

- (a) Parent/Legal Guardian has read, understands, and acknowledges the requirements of the Program and represents that Participant is able to meet those requirements. Further, Parent/Legal Guardian understands that, if at any point, Duke Volleyball Camps determines based on an individualized assessment that Participant is unable to meet the requirements, with or without accommodations, Duke Volleyball Camps may remove the Participant from the Program.
- (b) Duke has a reasonable accommodations process through which Parent/Legal Guardian can request disability accommodations on behalf of Participant. We encourage Parent/Legal Guardian to discuss with the Program Director, as early as possible, any potential concerns or modifications that they may need to request for the Participant. Please contact Duke Volleyball Camps at (919) 684-2778 with any questions or for further discussion.
- (c) Parent/Legal Guardian understands and agrees that Parent/Legal Guardian will bear all financial responsibility for any medical treatment Participant might require while participating in the Program. Parent/Legal Guardian agrees to maintain throughout the Program a comprehensive U.S.-based medical insurance policy that covers the Participant for injuries and illnesses that the Participant may sustain or experience while participating in the Program.

4. Use of Photographs, Recordings, and Participant Work

Parent/Legal Guardian gives permission and consent to allow photographs and video and audio recordings to be taken of Participant during the Program. Parent/Legal Guardian further gives permission and agrees that (i) photographs or video or audio recordings of Participant taken during the program, and (ii) writings and other Participant work produced during the Program, may be used in perpetuity in Duke Volleyball Camps and Duke products, publications, web sites, and/or social medial channels.

5. Health Information; Medication Management

Program requires the completion of a Health Form. This completed form will be held by appropriate Program personnel. This form must be completed within the timelines required by the Program. If such form is not completed prior to the start of the Program, Duke Volleyball Camps in its sole discretion, may determine that the Participant will not be allowed to attend the Program.

Except as otherwise provided in the Health Form, Participants are not allowed to hold any medication during the Program.

6. CONSENT TO HEALTH CARE FOR MINOR

- a) Parent/Legal Guardian authorizes the Program staff to seek medical treatment for the Participant as they see necessary at Duke Student Health, Duke University Medical Center, or another nearby (Duke or non-Duke) facility. Parent/Legal Guardian understands that whenever possible, the Program staff will make a good faith effort to contact Parent/Legal Guardian before seeking treatment. If this is not possible, Parent/Legal Guardian understands that they will be notified by the Program staff as soon as possible of any and all diagnoses and treatments.
- b) Parent/Legal Guardian consents 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 participant's session. Parent/Legal Guardian understands that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Program 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 Participant.
- c) Parent/Legal Guardian accepts responsibility for payment of all services rendered; Parent/Legal Guardian authorizes any medical facility which renders services to release medical information necessary for the processing of insurance claims; and Parent/legal Guardian authorizes the payment of insurance claims directly to the medical facility.

7. ASSUMPTION OF RISK; RELEASE AND WAIVER OF LIABILITY

- (a) The Program may involve risks to health and safety, including but not limited to those described in the Description of Risks. Parent/Legal Guardian agrees to accept and assume all present and future risks, known or unknown and whether described in the Description of Risks or not, to Participant's health and safety that may arise from or be caused by Participant's participation in the Program. Parent/Legal Guardian agrees that he/she has explained these risks to the Participant.
- (b) In return for and as a condition of Duke Volleyball Camps providing Participant with the opportunity to participate in the Program, and having read and understood this Agreement, including this Release

and Waiver of Liability, Parent/Legal Guardian hereby agrees to the following:

- A. **TO RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Duke Volleyball Camps or Duke University, any affiliates, trustees, officers, employees or agents of Duke Volleyball Camps or Duke, and all other persons or entities involved in the Program (hereinafter referred to as “**Releasees**”), (i) 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 injury or death, that may be sustained by Participant and (ii) for loss of or damage to any property belonging to Participant and/or Parent/Legal Guardian; and that occurs as a result of participation in the Program (including during travel to and from the Program site); as a result of any emergency evacuation facilitated by Duke Volleyball Camps; or as the result of any medical care Participant receives while participating in the Program, including any medical care authorized or procured by Duke Volleyball Camps.
- B. The release, waiver, discharge, and covenant not to sue as expressed in this waiver and release is given pursuant to the Uniform Contribution Among Tortfeasors Act, North Carolina General Statutes Section 1B et seq. It is the intention of Participant and Parent/Legal Guardian to both release any and all claims against Releasees and to relieve Releasees from any liability to make contribution to other tortfeasors on account of any claims.
- C. If Participant deviates from any aspect of the Program and engages in a personal activity that is not part of the Program, such deviation is purely voluntary and Releasees shall not be liable for any injuries resulting or arising out of such deviation.

8. Governing Law

The laws of the State of North Carolina, without regard to principles of conflicts of laws, govern this Agreement. Any action based on or arising out of this Agreement shall be brought and maintained exclusively in any Durham-based court of the State of North Carolina or the federal court for the Middle District of North Carolina.

PARENT/LEGAL GUARDIAN:

Print name: _____

Signature: _____

Date: _____

I am the Parent/Legal Guardian of the above-named Participant. I certify that, before signing this Agreement, I have obtained written permission from any person who is otherwise legally entitled to custody of the Participant during the Program, to the effect that the Participant may fully participate in the Program.

PARTICIPANT:

Print name: _____

Signature: _____

Date: _____

My Parent/Legal Guardian has reviewed this Agreement with me and has explained that the Program may have risks and that my participation is voluntary. I understand and agree to all of the terms of this Agreement, including, but not limited to, the behavioral expectations.