

LAST NAME: _____

HIGH SCHOOL: _____

FIRST NAME: _____

**CALIFORNIA FIELD HOCKEY CAMP - San Jose State
AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR
(Please print using blue or black ink)**

I/We the undersigned parent(s) of _____, a minor, do hereby give permission for the College/University and/ or Camp to seek emergency treatment for my/our child at local medical facilities if I/We cannot be reached in the event of illness or injury. It is understood that authorization is given in advance of any specific diagnosis or treatment that I/We required, and, I/We will pay for such emergency medical treatment. It is our understanding that I/We will be contacted in the event of illness or injury as soon as possible. This authorization shall remain effective until August 1, 2009 unless sooner revoked.

Parent or Guardian

Date

PERSON TO NOTIFY IF PARENT/GUARDIAN NOT AVAILABLE

Person to notify

Relation to camper

Day Phone

Evening phone

PERTINENT MEDICAL HISTORY
(Drug, food, or environmental allergies, previous illness/injury, activity limitations)

MEDICAL INSURANCE CARRIER

Insurance company

Telephone number

ID number

Group/account number

Carrier address, city, state, zip code

RELEASE OF LIABILITY

I/We, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the California Field Hockey Camp during the dates listed. I/We understand there are obvious known dangers/risks inherent in participation in this program, including but not limited to injuries sustained through a fall or loss of personal property, and I/we voluntarily agree to assume such risks.

In consideration of the College/University permitting my child's participation in the California Field Hockey Camp, based on my reputation that my/our child is in proper physical health and condition to participate, I agree:

1 . To assume all risk of injury to my child and risk of damage to or loss of my/our child's property arising from my child's participation in the California Field Hockey Camp.

2. To release and forever discharge the College/University, its officers, agents, employees and students, from any and all claims or liability for any injury, including death, and for property damage or loss which may be suffered by me or my child arising out of or in any connection with my child's participation in the California Field Hockey Camp and,

3. For my/our child, myself, our heirs, executors, administrators, and assigns to indemnify and hold harmless the College/University, its officers, agents, employees and students from any and all liability, claims, demands, actions, loss and damage arising out of my child's participation in the California Field Hockey Camp.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CALIFORNIA FIELD HOCKEY CAMP AND MYSELF, ON BEHALF OF MY/OUR CHILD, AND I SIGN OF MY OWN FREE WILL.

Parent/guardian signature

Date

Full name of parent/guardian (please print)

Full address of parent/guardian (please print)

The State of California Information Practices Act of 1977 requires that the following information be provided to individuals who are asked to supply information about themselves. The principle purpose for requesting the information on this form is to facilitate appropriate action by various departments at the College/University, and in the event of an emergency circumstance involving your child/ward. University policy and State statutes authorize maintenance of this information. Furnishing any or all information on this form is voluntary. Information on this form may only be used by individuals who have the right to access this record as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the employees of California Field Hockey Camp and/or San Jose State University.