

SJC Team Camp Release and Emergency Contact

If the prospect is under age 18, a parent or legal guardian must also sign this form prior to the tryout

Prospect (Athlete) Name: _____

I understand that while I _____ am attending the SJC Team Camp at Saint Joseph's College, I may sustain an injury to any part of my body. I give permission to and understand that the Athletic Training Office may provide first aid procedures to manage any injury that I sustained during the tryout. However, if I do require medical services off campus (i.e. orthopedic physician, x-ray, MRI, surgery due to any injury sustained, etc.), I will solely be responsible for the cost of any such visit or surgery. I also understand and accept that it is the Athletic Training Office's judgment as to whether or not I will be allowed to participate after such an injury has occurred.

Any current physical disabilities or injuries that may become worsened by my participation in the tryout are listed below:

I hereby waive and release any and all rights and claims for damages I may have against Saint Joseph's College .

Prospect Signature Date

Parent or Guardian Signature Date
Required only if Prospect is under age 18

EMERGENCY INFORMATION

Parent/Guardian's Name: _____
Address: _____
Work Phone: _____ Home Phone: _____

Emergency Contact: _____
Work Phone: _____ Home Phone: _____

Family Doctor: _____ Phone: _____

Allergies (food or medication): _____
Any other problems that the medical staff should be aware of:

**This form should be in the possession of the Head Coach
(or a designated member of the coaching staff)
at all times during the SJC camp visit.**