

**Camper Information (Please print or type)**

Camper's Name _____ Email Address _____
Home Address _____ City _____ State _____ Zip _____
Parents/Guardians Name _____ School _____
T-Shirt Size (*circle one*) S M L XL XXL XXXL Grade (*as of August 2014*) _____

Waiver of Claims Statement (Please print or type)

Release In consideration for my child/dependent being permitted to attend and participate in the camp, Parent/Guardian hereby knowingly and voluntarily releases, exculpates, and discharges The Board of Trustees of The University of Alabama and its trustees, officers, employees, and agents (the "Releasees") from any and all Liabilities related to the High School Athletic Training Student Aide Camp ("Camp"). This is intended to discharge in advance the Releasees and waive all Liabilities related to student's participation in the Camp.

Assumption of Risk Parent/Guardian understands that student's participation in the Camp is wholly voluntary, and that participation involves risk. These risks include, without limitation, risks from premises involved, including those that are owned by others; risks such as falls or other accidents; risks from the areas where activities are to take place; risks from other workers and participants involved in the Camp, such as transmitted illnesses or risks from actions of other persons; risks from weather; risks from dining; and other risks beyond the control of the Releasees. Parent/Guardian has conducted, or has had the opportunity to conduct, his/her own investigation and is willing to accept these risks. Parent/Guardian understands and acknowledges that involvement and participation in the Camp may cause student to suffer an injury, severe health problems, or even death, and Parent/Guardian voluntarily assumes and accepts any and all such risks.

Health Care and Emergencies Parent/Guardian understands that Releasees do not accept responsibility or liability for providing health care services or health care insurance for student in regard to Camp, and that Liabilities related to health care remain the Parent/Guardian's responsibility. Parent/Guardian agrees that if student has any medical or mental condition that could impact the welfare or safety of student or others, such information can be timely disclosed, to help ensure the safety and well being of student and others. In the case of a medical emergency, Parent/Guardian authorizes Releasee to give consent for medical treatment on student's behalf, including all ordinary and extraordinary medical measures.

Indemnification. Parent/Guardian shall release, hold harmless, and indemnify Releasees from and against any and Liabilities related to the Camp, including medical care decisions.

Authorization for Name/Photo Parent/Guardian gives to University and its agents/representatives permission to use as necessary his/her child/dependent's name and photograph to promote and advertise the camp for a period of two years after the date of this release.

Acknowledgement Parent/Guardian has read and relies wholly upon his/her own judgment, belief, and knowledge, in agreeing to this document; warrants that he/she has legal responsibility, custody, and authority to speak for student, who is a minor, and signs to bind himself/herself, student, and their respective heirs, assigns, and next of kin.

Parent/Guardian Printed Name _____

Signature of Parent/Guardian _____ Date: _____



**2015 Jr High & High School
Athletic Training Student Aide Camp
July 11th, 2015
8am – 5pm**

Emergency Contact Information (Please print or type)

Parent/Guardian Name _____ Relationship _____

Child/Dependent's Name _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Insurance Company _____ Policy # _____

Any known allergies? Yes No (circle one) If yes, please list allergies _____

**Cost: \$100 - Early registration must be postmarked by
July 8th, 2015**

On-Site Registration: \$125

Cost includes: CD-ROM of camp handouts, T-shirt, Certificate of Attendance, Lunch & Dinner

Make checks payable to: Athletic Training Students' Association (or ATSA)

Mail Payment AND BOTH pages of this form:

The University of Alabama
c/o High School Athletic Training Camp
P.O. Box 870311
Tuscaloosa, Alabama 35487-0311

Questions?

Contact Jeri Zemke PhD, LAT, ATC
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