

Cyclone Women's Basketball Camp, L.L.C. Release Form

Name of Participant *(print full legal name)* _____
Birth Date _____
Camp Attending _____
Parent/Guardian _____
Emergency Phone Number _____

Release and Medical Authorization

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this signed form returned prior to the camp's start date.

Physician's Authorization to Participate

This is to certify that this individual was examined by me on _____ (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports. (School physical form acceptable if valid within one year of the starting date of camp.)

Allergies/Drug sensitivities _____ Other medical problems/current medications _____

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use?

___ Yes ___ No

Physician's signature _____

Date _____

Address _____

Office Phone _____

Release of Liability to Participate

In consideration of the Cyclone Women's Basketball Camp, L.L.C granting the student permission to participate in Cyclone Women's Basketball Camps, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Women's Basketball Camps activity. As either a Student or Parent/Guardian, I do hereby release the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, Cyclone Women's Basketball Camp, L.L.C. and their officers, employees, agents from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Cyclone Women's Basketball Camps activities.

Parent's/Guardian's Signature _____

Date _____

Student's Signature _____

Date _____

Medical and Surgical Authorization

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Thielen Student Health Service or other hospitals and clinics.

Parent's/Guardian's Signature _____

Date _____

Student's Signature _____

Date _____

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Insurance Information (please print)

Name if Insured _____

Policy Holder _____
Insurance Company _____

Insurance Co. Address _____

Policy No. _____ Does your insurance carrier require prior approval?
_____ Yes _____ No

This form must be on file for you to participate in any of the Cyclone Women's Basketball Camp, L.L.C. programs. A copy of a current physical (within one year) may serve as the physician's authorization portion of this form. Please contact the camp office for any questions concerning the information in this document.

*Cyclone Women's Basketball Camp, L.L.C.
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