

THIS FORM MUST ACCOMPANY CAMPER AT REGISTRATION

CAMPER REGISTRATION FORM

Camper's Name	
Address	
Address 2	
City/State/Zip	
Home phone	()
Cell phone	()
Email	

Birth date	
Gender	
Age	
Fee	

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Track |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Tournament with camp | | |

Parent #1 or Legal Guardian

Name	
Phone	()
Email	
Occupation	

Parent #2 or Legal Guardian

Name	
Phone	()
Email	
Occupation	

Medical Information

Emergency contact	
Relationship to player	
Insurance carrier	

Phone	
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Policy	
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1. I/We the parents/guardians of the above-named player/participant, hereby give my/our approval to participate in any and all camp or tournament activities, including transportation to and from the activity.

2. I/We know that participation in sports may result in serious injury or death, and protective equipment does not prevent all injuries to players/participants. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Board of Regents of the University System of Georgia, the University of Georgia, the University of Georgia Athletic Association, Inc., its administrators, coaches, staff and persons responsible for transporting my/our children to and from activities, from any claim arising out of injury or death to my/our child resulting from negligence or any other cause due to participation in sporting events, games, practices, exercise, tournaments, general training, or using the facility and its equipment.

Signature (Parent or Guardian)

Date

Signature (Parent or Guardian)

Date

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PARENT OR GUARDIAN OF CAMPER

Accident/Medical coverage for this summer's camp program will be provided on an **EXCESS OR SECONDARY BASIS**. This means that all claims for medical expenses as a result of injuries incurred during camp **MUST** be sent to the injured child's parent for filing with **THEIR OWN** insurance carrier **FIRST**. The injured **must** seek medical attention within **90** days of injury for our coverage to be valid. The camp policy will pay for those expenses not paid for under the parent's coverage or if the parent does not have coverage, subject to the camp policy coverage limits, terms, conditions and exclusions.

The Excess Accident/Medical Coverage on all campers is:

- (1) \$50,000.00 Maximum Medical Expense Benefit
- (2) \$5,000.00 Accidental Death & Dismemberment Benefit
- (3) \$250.00 Deductible Amount

Claim Submission Guidelines:

- (1) Since the policy contains an EXCESS MEDICAL EXPENSE BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH THE OTHER PLANS.
- (2) Written proof of the claim should be given within 90 days after the injury to the claim camp owner/coordinator to insure coverage.

I, the Parent/Guardian, understand the benefits, guidelines and the limitations of the medical expense plan.

PARENT / GUARDIAN SIGNATURE

DATE

THIS SECTION MUST BE SIGNED BY A PHYSICIAN (or attach a copy of your child's physical which has been administered within the past year)

_____ has been examined by me and he/she is physically fit to participate in the Camp held at the University of Georgia.

Physician's Signature

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