

DO NOT
STAPLE

EMERGENCY INFORMATION

School of Champions
c/o J Robinson Camps
2520 East Hennepin Ave
Minneapolis, MN 55413



Camper Name: _____ Age: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relation: _____

Telephone #: (HOME) _____ - _____ - _____ (CELL) _____ - _____ - _____

2nd Payer Insurance Policy Through J Robinson Camps:

Each camper is covered by our secondary payer insurance policy. If it becomes necessary to use this policy, please contact our camp office in Minneapolis.

J Robinson Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413 - 612-349-6585

Answer **ALL** Questions (All "YES" answers require an explanation)

YES NO

| | | |
|--|--|---|
| | | 1. Have you ever been advised by a physician not to participate in athletic events? |
| | | 2. Have you been treated for a disease or illness during the past year? |
| | | 3. Has your physical activity been restricted during the past 5 years? |
| | | 4. Are you currently taking any medication - pills, sprays, or any other treatment? |
| | | 5. Are you currently under the care of a physician? |
| | | 6. Do you wear glasses or contact lenses? |
| | | 7. Are you allergic to any drugs, medicines, foods, or stinging insects? |
| | | 8. Do you consider yourself to be in good general health? |

Explanations (none needed for #8):

Please provide parental/physician instructions for any medical problems related to participation in the School of Champions.

Contract of Camp: I verify that my child is physically able to participate in the School of Champions (SOC). I have read and agree to all of the terms listed at JRobinsonCamps.com/terms.php.

I understand that wrestling is a contact sport that could cause serious injury. Participation in the sport is an acceptance of some risk of injury. I realize that injuries and skin infections are a part of the sport of wrestling and therefore a part of wrestling camp. I have informed my child of their obligation to report all injuries, illness, and infections to the camp staff as soon as they become evident. I have also advised my child to observe the SOC rules and other rules and practices which may be employed to minimize the risk of serious injury, illness, or infection while pursuing the benefits of this sport. The University of MN, its athletic department and staff should not be liable for any damages arising from personal injury sustained by the student during the SOC sessions and so hereby fully and forever exonerate and discharge the University of MN, J Robinson Intensive Camps and its staff, owners, employees, and agents from any and all claims, demands, damages, and rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the camper's participation in the school session and in the use of the facilities.

If my child needs medical treatment while attending the SOC, it is my request that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, **I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to contact me and assume all costs related to such treatment.** I understand that I may revoke this consent at any time, but that such revocation will not apply to treatment rendered prior to the date I have revoked consent. I also recognize that Minnesota law allows minors to consent to treatment for pregnancy, venereal disease, alcohol or drug abuse, and Hepatitis B vaccinations without the consent of a parent or guardian.

I have read, understand, and agree to the refund policy listed at JRobinsonCamps.com/terms.php. I also understand that there is no refund on the fee if we (Parent or Camper) should cancel the application.

Parent or Guardian Name (please print)

Signature

____/____/____
Date

YOU MUST BRING THIS FORM TO CHECK IN ORDER TO START THE SESSION.