



FOOTBALL CAMP RELEASE

You **MUST** print out the entire document, review, sign and bring to check-in for the Issaquah Youth Football Camp. **Your camper will not be allowed to participate in camp without this fully completed and signed document.**

PARTICIPANT INFORMATION

First Name Middle Name Last Name Date of Birth

PARENT/GUARDIAN INFORMATION

First Name Last Name Emergency Phone Number

First Name Last Name Emergency Phone Number

PRE-EXISTING MEDICAL CONDITIONS

Has the camp participant had, or currently have, any of the following:

- Concussions Bone/Joint Injury Surgery Asthma Epilepsy Diabetes
 Heat Illness Heart Condition (e.g. Hypertrophic Cardiomyopathy) No Current Medical Conditions

If you answered 'yes' to any of the above questions please explain below in the "General Health Information" section or submit additional information.

ALLERGIES

This participant is allergic to: No known allergies Foods Medicines Environmental (e.g. insect stings)

This participant has a life-threatening allergy. An emergency care plan signed by a physician is required.

Please describe below in the "General Health Information" section what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.

GENERAL HEALTH INFORMATION

HEALTH CARE PROVIDERS

Name of Participant's Primary Doctor

Phone

Name of Participant's Dentist

Phone

ASSUMPTION OF RISK AND EMERGENCY MEDICAL RELEASE

I understand that participating in any Issaquah Youth Football (IYF)/Issaquah High School (IHS) Varsity Football sport camp can be a dangerous activity involving many risks of injury. In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that IYF/IHS Varsity Football and their event staff cannot predict or foresee, and I also assume full responsibility for those risks. Risks in participating in the Camp activities, include, but are not limited to:

Temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, severe head, brain, neck or spinal injuries, paralysis, loss or use of arms and/or legs, eye damage, disfigurement, or death.

I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the IYF/IHS Varsity Football Camp activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. I state that this health history is correct and accurately reflects the health status of the participant to whom it pertains. If I fail to advise IYF/IHS Varsity Football staff and volunteers of a medical condition, risks to my child may increase. I understand the information on this form will be shared on a "need to know" basis with IYF/IHS Varsity Football staff and volunteers. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. With my signature, I state that, to the best of my knowledge, the above answers are correct.

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Issaquah Youth Football (IYF)/Issaquah High School (IHS) Varsity Football authorized agents including event staff; I authorize IYF/IHS and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I hold harmless and agree to indemnify IYF/IHS Varsity Football, its authorized event staff and volunteers and the event staff from decisions to seek emergency treatment.

Parent/Guardian Name

Participant Name

Parent/Guardian Signature

Date