
**Please attach a copy of your health insurance card (front and back)
to this form. Please mail in time for us to receive by June 1st.
After June 1, bring to camp and turn in when you register.**

Jacksonville State University, Jacksonville AL – Parental Consent Form

This form must be completed and signed to complete a camper's registration and for the camper to be allowed to check in and participate in camp activities.

School _____ Band Director (if applicable) _____

Camp Attending **Spirit Camp** Dates **June 12-16, 2018**

Student Name _____ Social Security Number _____

Birth date _____ Grade 2018-19 School Year _____ Age on June 12 _____ Sex _____

Address _____

City _____ State _____ Zip _____

To accommodate individuals with special medical needs, please check all that apply:

_____ Use a C-PAP machine _____ Physical limitations Other _____

Parent / Guardian / Other Emergency Contacts (Please print)

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____ Relationship _____

List the names and telephone numbers of two individuals to contact in the event of emergencies (include home, work, and cell phone numbers) _____

List any medical alerts, **ALLERGIES** and/or prescription medication (with doses) currently taking

If you DO NOT have any medical alerts, ALLERGIES and/or you are NOT taking any prescription medication, initial this box: _____ None

(over)

Attention All Parents:

I hereby give my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency. In addition, I acknowledge that I have read and understand all information provided.

I hereby hold Jacksonville State University and Spirit Camp, Inc., harmless for any/all injuries or damages for the above child's participation in camp activities and I do, for myself, my heirs, executors and administrators, remise, release, waive and forever discharge Jacksonville State University and all of its officers, agents and employees, acting officially or otherwise, and Spirit Camp, Inc., and all of its officers, agents and employees, acting officially or otherwise, from all claims demands, actions, or causes of action, on account of any injury, death or property damage which may occur at any time or for any cause during their participation in a Jacksonville State University and Spirit Camp Inc., camp/event.

It is agreed that this waiver of liability is submitted to Jacksonville State University and Spirit Camp, Inc., as an inducement to include the said student in this event and that this agreement is signed as the undersigned's free and voluntary act with full knowledge of the contents of the agreement.

Parent _____ Date ____/____/____

Health Insurance Provider _____

Policy Number _____

If you do not have health insurance, please complete the following and sign below:

I, _____ (Print Parent and/or Guardian's Name) agree that I will be responsible, and pay for any and all medical procedures required for _____ (Print student's name), during the 2018 Spirit Camp held June 12-16, 2018 at Jacksonville State University.

**Please return (with Parental Consent form) in time for us to receive by June 1st.
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