



2018 BIG DADDY CAMP HEALTH FORM

Camper's Name: _____

Date of Birth: _____ Gender: _____ Age: _____

Insurance Information: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Does the camper currently have any of the following?

Allergies (list all): _____

Please provide any information about current physical, mental or psychological conditions that may affect the camper's ability to fully participate in the program:

Has the camper been hospitalized within the past 5 years? ____No ____Yes If yes, please describe.

Is the camper currently taking any medications (prescription and over-the counter):

____No ____Yes. If yes, please list the drug(s) and dosage: _____

Big Daddy Youth Football Camp will not administer medications of any type (prescription or over-the-counter) to camp participants of any age. Big Daddy Youth Football Camp will not be held responsible for housing/storing medication(s). Parent(s)/Legal Guardian(s) and camp participants will be held responsible for administering and housing/storing medication(s) in a discrete place during camp. We strongly recommend Parent(s)/Legal Guardian(s) of camp participants that have been prescribed medication(s) that are self-administered to treat potentially life-threatening conditions (i.e. inhalers, EpiPen) meet with the their doctor to discuss their use.

I am the legal parent/guardian of the above named participant. I hereby certify that to the best of my knowledge, the information requested is complete and correct.

Parent/Guardian Signature: _____

Date: ____/____/____

Parent/Guardian Name: _____

BRING TO CHECK-IN. DO NOT MAIL OR FAX. This form is required.



2018 BIG DADDY CAMP PARENTAL RELEASE FORM

I, _____, am the legal parent/guardian of _____
(Parent/Guardian Name) (Camper Name)

and give permission for the camper to attend and participate in the Big Daddy Youth Football Camp which will be held on June 25, 26, 27 at **New Hyde Park Memorial High School – 500 Leonard Blvd, New Hyde Park, NY 11040**

On behalf of the camper, the camper's parents and/or legal guardian, I hereby:

1. agree to assume all risk of personal injury and property loss arising from participation in any camp athletic and recreational activities;
2. agree to hold harmless the camp coaches, volunteers, guests and staff, the New Hyde Park Memorial High School, its administrators, trustees, officers, employees, agents, and representatives responsible for any injury or property loss sustained during participation in any camp athletic and recreational activities;
3. grant permission to the camp staff or medical personnel to render, or engage medical personnel to render, preventative, first aid and/or emergency treatment that they deem necessary to the camper's health and well-being. I understand that reasonable effort will be made to contact me, or the emergency contacts listed below, prior to such action and any expenses incurred are at my expense;
4. agree to accept any decisions made by camp staff in the termination of camp attendance;
5. understand that the camper may be filmed and/or photographed individually, or as part of a group during camp, and grant permission to use such recordings in any media, on a perpetual basis, for the purposes promoting the Big Daddy Youth Football Camp.

In consideration for permission for the camper to participate in the camp, on behalf of the camper, the camper's parents and/or legal guardian, I release Richard Salgado, New Hyde Park Memorial High School, and every participating coach, volunteer, representative, employee and special guest of The Big Daddy Youth Football Camp and NYPMHS, from any and all claims which the camper, the camper's parents and/or legal guardian, may have as a result or personal injury or property loss arising out of, or connected in any way with, their participation in any camp athletic and recreational activities.

Parent/Guardian Signature: _____

Date: ____/____/____

Parent/Guardian Name: _____

1st Emergency Contact Name: _____ Ph#: _____ - _____ - _____

2nd Emergency Contact Name: _____ Ph#: _____ - _____ - _____

BRING TO CHECK-IN. DO NOT MAIL OR FAX. This form is required.