

HAYDENETTES ELITE CAMP 2017

Authorization to Treat, Release & Indemnify: Form A

To be completed by Parent or Legal Guardian if under 18 years old

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

In consideration of the opportunity to participate in The HAYDENETTES ELITE CAMP 2017 ("ELITE 2017"), the undersigned (and his/her undersigned parent or guardian, if applicable), individually, and on behalf of his/her heirs, personal representatives, administrators, agents, successors and assigns (collectively referred to herein as "Participant"), AGREES TO ASSUME THE RISK AND RESPONSIBILITY, TO RELEASE AND TO INDEMNIFY The Hayden Synchronized Skating Teams ["HSST"], its directors, officers, members, employees, officials, committees, clubs, affiliates, representatives, agents, successors and assigns, including the host club and any other entity responsible for the hosting and/or conduct of the ELITE 2017 Event, as follows:

1. Assumption of Risk and Responsibility.

Participant understands and appreciates the risks of injury that may occur in ice skating or in the course of preparing for, participating in and traveling to or from the ELITE 2017 Event, acknowledges that Participant voluntarily engages in such activities with adequate knowledge of such risks and agrees that Participant assumes all legal and financial responsibility for (a) any and all injuries or damages, whether to person or property, that Participant may in any manner sustain in connection therewith or the conduct and management of the ELITE 2017 Event, including such injury or damage that may result from the negligence of HSST or from some other cause and (b) subject to any applicable insurance coverage, all treatment, hospitalization and other care rendered to Participant in the event of Participant's illness, injury or other emergent circumstance in connection with Participant's participation in the ELITE 2017 Event.

2. Medical Treatment, Conditions and Consents.

Participant recognizes that, in the event of his/her illness, injury, or medical or other emergent circumstances while participating in and traveling to or from the ELITE 2017 Event, and if Participant is disabled or incompetent to make appropriate decisions concerning treatment thereof (and, in the case that Participant is a minor, Participant's parent or legal guardian cannot be timely and conveniently contacted to participate in the making of necessary decisions), HSST Representatives may have to make decisions and take necessary and appropriate action, with input from available medical personnel (and HSST coaches, if they deem it reasonable and appropriate), pertaining to Participant's treatment, hospitalization, or other care, and Participant agrees and consents thereto. In addition, in conjunction with Participant's participation in the ELITE 2017 Event, I further authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnosis, and/or examination of myself to HSST.

3. Release and Indemnification.

Participant hereby fully and forever releases, discharges, holds harmless and agrees to indemnify HSST from and against any and all liabilities, claims, demands, litigation, damages and judgments, present or future, known or unknown, valid or invalid, direct or consequential, together with reasonable costs and attorney fees, which result directly or indirectly from damages, losses, injuries or death to Participant, Participant's property, or to other persons or property incurred during or in connection with any activities associated with or being a part of the ELITE 2017 Event and the conduct and management thereof, including any participation, travel or medical treatment, hospitalization or other care rendered in connection with the Event, whether such loss, damage, injury or death results from the negligence (other than in the case of gross negligence) of HSST or from some other cause.

Printed Name of Participant/Skater

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

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Medical and Immunization History: Form B

To be completed by the skater's Primary Care Physician/Nurse Practitioner
(Note: A standard Camp Medical Form will be accepted provided it contains the following information and includes a copy of a physical exam performed on or after May 26, 2015 (within 2 years of camp attendance).

NAME OF SKATER _____

Date of Birth _____

Immunization History

	Date	Date	Date	Date
DPT				
DT				
Polio				
MMR				
HB-Conjugate				
Varivax				
Hep A				
Hep B				
Other				

TB Screen: No Risk ____ At Risk ____
If at risk, TB/PPD applied on ____/____/____ Positive ____ Negative ____

History of reaction to food, medication or environmental factors: No ____ Yes ____
Explain _____

Date of Physical Exam _____ Sex ____ Age ____ Height ____ Weight ____ BP ____

#	System	Satisfactory	Unsatisfactory	Describe Abnormality
1	Skin			
2	Eyes			
3	Eats			
4	Nose, Throat			
5	Neck, Thyroid			
6	Chest, Lungs			
7	Heart, Heart Rate			
8	Heart Rhythm			
9	Liver, Kidney, Spleen			
10	Hernia			
11	Back, Spine			
12	Joints			
13	Neurological			

The following abnormalities should be noted:

Please indicate any medications taken and how many times per day

The patient does ____ does not ____ have a history of emotional, psychological, or psychiatric disturbance.

The patient may participate in camp activities: without restrictions
 with the following restrictions

Primary Care Physician/Nurse Practitioner Information:

Name (Print) _____ Signature _____
Address _____ Phone _____