

Please Complete the Following Important Information for Navy Rowing Winter Clinic

I. Participant Information

Participant First Name: _____
Participant Last Name: _____
Participant Sex: _____
Participant Birth Day: _____

II. Health Information

Family Physician Contact Information: _____
Health Insurance Company: _____
Policy Number: _____
Allergies to Medication: _____
Additional Medical Problems: _____

III. Emergency Notification

Name: _____
Relationship: _____
Telephone: _____

IV. Medical Treatment Authorization

I/We being the legal guardians of the above applicant authorize the Naval Academy Athletic Association, the specific camp and its agents, permission to request medical treatment as necessary to insure the well-being of the applicant.

(Parent or Guardian Signature)

(Date)

V. Insurance

I approve of my child's attendance at the Naval Academy Athletic Association Sports Camp and certify that s/he is in good health and able to participate in all activities. I (am/am not) attaching a statement explaining special physical limitations and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Naval Academy Athletic Association accepting this application, I/we here by agree to save and indemnify and keep harmless the Naval Academy Athletic Association, its agents and employees against any and all liability, claims, judgments or demands for damages arriving as a result of injuries sustained by the applicant during or as a result of any course given the applicant by the Naval Academy Athletic Association. Furthermore, as the parent/legal guardian for this child, I understand it is my responsibility to provide the Naval Academy Athletic Association with a COMPLETE AND VALID PHYSICAL EXAMINATION FOR THIS CAMPER PRIOR TO THE START OF CAMP.

(Parent or Guardian Signature)

(Date)