

Hansi Wiens Squash Camps

Emergency Information and Health Form

Athlete Information:

Athlete's Name

Birth Date

Gender

Address Street Address

Street Address Line 2

City

State

Postal Code

Cell Number

Parent/Guardian Information:

Name

Home Number

Cell Number

Email

Emergency Information:

Emergency Contact's Name

Relationship to the athlete

Cell Number

Email

Health History:

Does the athlete have any allergies, chronic illness, or medical conditions we need to be aware of? If yes/any please explain:

Medical Consent and Release of Liability:

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks.

I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Hansi Wiens Squash Camps from any and all liability resulting in injury associated with participant's participation in this activity. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Hansi Wiens Squash Camps will not provide health insurance for program participants. Further, this verifies that the participant is up to date with their immunizations and is able to participate in all activities.

I also verify that my child has been checked by a licensed physician prior to coming to Hansi Wiens Squash Camps and is physically able to participate fully. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless Hansi Wiens Squash Camps of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Name:

Date:

Please complete, save and upload this form to www.squashcampsatdartmouth.com

- 1) Click the Log In Here button at the top of the page.
- 2) Use the same log in information you used to initially register for camp.
- 3) Click the Proceed to My Account button or the Account button at the top of the page.
- 4) Click the "Files" button which corresponds with the order from camp.
- 5) Click the "Browse" button and select the file you wish to upload.
- 6) Click the "Upload" button and that's it! The file will automatically be uploaded to the player profile for camp