MEMORANDUM

TO: Parents/Guardians of Prospective Participants
FROM: UT Summer Sports School SUCCESS CAMP Office
RE: Required Medical/Consent Release Forms

The UT Summer Sports School SUCCESS CAMP wishes to welcome your son/daughter as a camper. Although professionals teach all of our classes, there is always a small degree of risk to the participant because of the nature of the activities. For your protection, care and safety we request that you complete the attached Medical / Consent Release forms.

Please review and complete the following forms:

1) RELEASE AND INDEMNIFICATION/ CONSENT FOR TREATMENT (page 2)

2) MEDICAL / PHYSICIAN AUTHORIZATION *Physician’s signature required (page 3)
*Proof of a physical dated within the past 12 months is also accepted

*** YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE ***
until ALL FORMS are completed and turned in.

HOW TO SUBMIT FORMS:

Fax:
(512) 471-8914

Email:
Scan and email to serenadeleon@mail.utexas.edu

Mail:
Department of Kinesiology and Health Education
Summer Sports School SUCCESS CAMP Office – BEL 222
1 University Station, D3700
Austin, TX 78712

In person:
Summer Sports School SUCCESS CAMP Office located at the University of Texas at Austin, Bellmont Hall, Room 222

Questions? Call (512) 475-5405

FORMS MUST BE RETURNED TO THE SUMMER SPORTS SCHOOL SUCCESS CAMP OFFICE

***DO NOT BRING FORMS TO CAMP***
THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Program - Summer Sports School – SUCCESS CAMP
Division of Physical Education - Department of Kinesiology and Health Education

RELEASE AND INDEMNIFICATION AGREEMENT

Participant Information (please print):
Name (first & last): ___________________________ Parent/Guardian: ___________________________
Participant DOB: ___________ Gender: _______ Phone # Home: ___________________________
Address: ___________________________ Work: ___________________________
City, State, Zip: ___________________________ Cell: ___________________________

INSTITUTION: The University of Texas at Austin
CAMP: Session 1 – Success Camp
DESCRIPTION OF ACTIVITY: UT Summer Sports School – SUCCESS CAMP
June 10 – 14, 2013
Session 2 – Success Camp
June 17 – 21, 2013

I am the Parent/Guardian of the above named participant who is under eighteen years of age and am fully competent
to sign this Agreement.

In consideration of my participation in the Activity and of my use of the program’s facilities and equipment, I hereby
accept all risk to my health and of my injury or death that may result from such participation. I hereby release the
above named Institution, its governing board, officers, employees, and representatives from any liability to me, my
personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of
or damage to my property and for any and all illness or injury to my person, including my death, that may result from
or occur during my participation in the Activity, whether caused by negligence of the Institution, its governing board,
officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution
and its governing board, officers, employees, and representatives from liability for the injury or death of any
person(s) and damage to property that may result from my negligent or intentional act or omission while participating
in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND
CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY
THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY
THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO
PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

________________________________________
Signature of Parent/Guardian of Participant     Date

CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, as the parent / guardian of ___________________________ (a minor) hereby authorize
such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate
under the circumstances for the treatment of any illness or injury. The attending physician, appropriate staff, and The
University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any
consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all
claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar
as the law allows and provided that these services are performed with ordinary care and to the best of their ability.
I have received a copy of the “Notice of Privacy Practices” of The University of Texas at Austin.

________________________________________
Signature of Parent/Guardian of Participant     Date

THIS FORM MAY BE FAXED TO (512) 471-8914
THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Program - Summer Sports School – SUCCESS CAMP
Division of Physical Education - Department of Kinesiology and Health Education

PERTINENT MEDICAL / INSURANCE INFORMATION

To be completed by Parent/Guardian of Participant:

Participant Information (please print):
Name (first & last): __________________________  Parent/Guardian: __________________________
Participant DOB: ___________________________ Gender: __________________________
Address: __________________________________ Phone # Home: __________________________
City, State, Zip: ____________________________ Work: __________________________
________________________  Cell: __________________________

Medical:
Allergies: __________________________________
Current Medications: ________________________
Other Medical Conditions: ____________________

Please list any injuries or conditions that may preclude your child from participating in this class:
__________________________________________

__________________________________________
Signature of Parent/Guardian of Participant Date

To be completed by Physician:

PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

I hereby certify that I have examined ____________________________ (Name of Participant) and have
found him/her fit to attend and participate in the University Sponsored Summer Sports School SUCCESS
CAMP. I know of no impairments, which would limit his/her participation in all program activities except
those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments
__________________________________________
__________________________________________

*Date of Last Tetanus Booster ____________  **Date of Physical Examination _________________
(*For informational purposes only – not required)

__________________________________________
PHYSICIAN’S SIGNATURE Date

Address ____________________________ Phone __________________________
City / State / Zip ____________________________

**All participants are required to have written physician clearance proclaiming them fit for program
participation. The physical exam must have been completed within the last 12 months. If your
physician has documented the health information on another form, a copy of that form will suffice
and can be attached to this form. Questions? Call (512) 475-5405.

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