



Campus Recreation  
 MTSU P.O. Box 556  
 Murfreesboro, Tennessee 37132  
 (615) 898-2104



# 2009 ADVENTURE CAMP REGISTRATION FORM

Which session will participant be attending? *(please check all that apply)*

\_\_\_\_\_ Session 1: June 8-12, 2009    \_\_\_\_\_ Session 2: June 22-26, 2009

Participant's Name \_\_\_\_\_ Male or Female *(please circle one)*

Participant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age as of first day of first session \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Grade Completed? \_\_\_\_\_

What is your child's activity level? \_\_\_\_\_

Parent or guardian information:

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

*Please enclose a \$25 non-refundable deposit with this registration. Be aware that final payment in full is due no later than Monday, June 1, 2009. Please use separate registration forms for each child. You may copy this form if needed. Make all checks payable to MTSU Campus Recreation.*

Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

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**OFFICE USE ONLY**

Payment #1 _____	Payment #2 _____	Insurance/ Waiver _____
Payment Type _____	Payment Type _____	
Receipt # _____	Receipt # _____	
Date _____	Date _____	
Balance Due _____	Balance Due _____	Medical/ Pickup Auth _____
Staff Initials _____	Staff Initials _____	

**MTSU Campus Recreation Children's Program  
Waiver/Release and Authorization to seek Medical Assistance**

I, the undersigned, minor and parent/guardian hereby voluntarily expressly and affirmatively execute this agreement in return for permission for \_\_\_\_\_ (Participant) to participate in **2009 MTSU Adventure Camp**. I recognize that there are many risks of injury, including serious disabling injuries, that may arise due to participation in this activity and that is not possible to specifically list each and every individual risk. However, knowing the material risks and appreciating other injuries and even death are a possibility, I hereby voluntarily and expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of participation.

If my child, \_\_\_\_\_, born \_\_\_\_\_, becomes ill or involved in an accident and I or another adult whom I have authorized in writing to act in my absence cannot be contacted immediately (whether due to unavailability or the need for immediate action under the circumstances). I authorize Middle Tennessee State University to seek any necessary treatment and authorize the treating hospital/physician to provide my child any emergency medical treatment they deem necessary or appropriate (including anesthesia). I accept full responsibility for any expenses incurred in the medical treatment of my child, to the extent such expenses are not covered by the following:

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Child's known allergies or physical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Middle Tennessee State University, the Board of Regents of the State of Tennessee, their officers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and damage, or injury, including death, that may be sustained by me, or which may result from emergency medical treatment sought as a result of said participation in this activity. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or cost, including medical bills, court costs and attorneys' fees, that may occur due to participation in said activity, WHETHER CAUSED BY NEGLIGENCE RELEASEES or otherwise. I subjectively understand the risks of my child's participation in this activity, and knowing and appreciating these risks of my participation. I, the participant's parent/guardian further state that I am the participant's \_\_\_ Parent/\_\_\_ Guardian (**Please check one**), and am fully competent to sign this agreement. I expressly intend for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representative, or assigns to be bound by this document, and it shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. The document shall remain in effect for each and every time I participate in the activities listed herein. This release shall be constructed in accordance with the laws of the state of Tennessee.

We have had an opportunity to ask questions, and the questions asked have been satisfactorily answered.

\_\_\_\_\_  
Name of Parent/Guardian of Participating Minor

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell/Work Phone

\_\_\_\_\_  
Alternate contact if Parent/Guardian cannot be contacted. Home Phone

\_\_\_\_\_  
Cell/Work Phone



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**Medical Information**

- 1) Please list all known allergies, illnesses, disabilities, or diseases and any necessary information regarding camp care for these situations.
  
- 2) Please list all prescription and non-prescription drugs your child may have in their possession at camp. Be aware that prescription and non-prescription drugs of any sort are not allowed at camp without specific written permission from child’s parent, and must be registered with camp staff daily.
  
- 3) Please list any other medical/health concerns or special needs of which the Sports Camp staff needs to be aware of.

I certify that my child is physically able to participate in the Sports Camp program as explained in the camp brochure. I further certify that my child has all school-required shots, is free of communicable diseases, and any medical or health concerns have been thoroughly explained above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child’s Physician \_\_\_\_\_ Physician’s Office Phone \_\_\_\_\_

**Pick-Up Authorization**

Persons other than parent/guardian listed above who are authorized to pick up child or who may be consulted in the event of an emergency if parents cannot be contacted. Provide as many or few authorized persons as necessary.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_