



Keystone College Athletics Department

Participant's Full Name _____ Date of Birth ____/____/____

Home Address _____
Street City State ZIP Code

Emergency Contact Information

Mother/Father/Guardian Name _____ (Cell) _____

Mother/Father/Guardian Name _____ (Cell) _____

Please list any physical conditions that the athletic trainers should be aware of _____

Please list any allergies (including food and medications) _____

Please list any medications the participant is currently taking _____

Parental Guardian Consent

I, the undersigned, as parent(s) or guardian(s) of the aforementioned camper/participant, ask that he/she be admitted to participate in the Keystone College (______). In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Keystone College, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connections with the (_____) on or off the Keystone College campus and property(s).

X _____
(Parent /guardian signature if participant under 18) Date

Medical Treatment Authorization

I hereby authorize the Keystone College athletic training staff and referred doctors, nurses or emergency medical personnel to provide care that includes routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians, Keystone College (_____) Athletic Training staff, and emergency personnel to perform any necessary emergency treatment.

X _____
(Parent /guardian signature if participant under 18) Date

Photo/Likeness Release

I hereby grant permission to Keystone College (_____) to use my child's photograph or video on its web site, social media channels, or in other official College printed publications/advertisements without further consideration, and I acknowledge the College's right to crop or treat the photograph at its discretion. I also acknowledge that the College may choose not to use my child's photo at this time, but may do so at its own discretion at a later date.

X _____
(Parent /guardian signature if participant under 18) Date

☐ Check here if you would rather your child's photo/likeness not be used in any College sponsored web site, social media or publication.

Vehicle Transportation Authorization (Transportation on campus from the fields to the cafeteria (as needed basis))

I understand that my child may be transported on campus in a leased or owned Keystone College vehicle and that I assume the risks of my child being transported by Keystone College approved drivers. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and to hold Keystone College and their officials, agents, and employees harmless from any claim, loss, liability or expense, including attorney fees, resulting directly or indirectly from injuries or claims that arise from being transported, except in those cases where the acts of Keystone College and their officials, agents, or employees have been determined to be negligent by a court of competent jurisdiction.

X _____
(Parent /guardian signature if participant under 18) Date