

**THIS APPLICATION IS FOR MANUAL REGISTRATIONS ONLY**

**Print and mail with \$100 Non Refundable**

**deposit or full amount to:**

**Alabama Gymnastics Camp**

**967 Monmouth Road**

**Tuscaloosa, AL 35406**

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Camper Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Parent's Names & Contacts:**

\_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **Gym Phone:** \_\_\_\_\_

**Competitive Level on Camp Date:** \_\_\_\_\_ **(List level number 1-10 or Elite ONLY)**

**T-Shirt Size: (Circle)**                      **Adult:** XL L M S

**Child:** L M

**Camp Leotard Size: (Circle)**                      **Adult:** L M S XS

**Child:** L M S XS

**Session(s) Attending:**                      **Type of Camper:**

Session I - June 12-14 All Levels Camp		Overnight Camper (9-18 years)	or		Day Camper (7-18 years)
Session II - July 10-12 Recommended for Levels 7-10		Overnight Camper (9-18 years)	or		Day Camper (7-18 years)
Session III - July 24-26 Recommended for Levels 7-10		Overnight Camper (9-18 years)	or		Day Camper (7-18 years)

**Any additional information we need to know about your daughter:** \_\_\_\_\_  
(include food allergies) \_\_\_\_\_

**Roommate Request:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Youth Protection Program: Liability Waiver

Program: Alabama Gymnastics Camp Event Date(s): 6/12-14; 7/10-12; 7/24-26

Participant: \_\_\_\_\_ Age (at the time of program): 18 or under

### Purpose

This form is to be signed by each Participant (or the parent/guardian of any Participant under the age of 19) involved in the Program. In consideration for the educational, social, recreational, and other benefits to be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

### Liability Release

THIS IS A RELEASE OF LIABILITY. Participant knowingly and voluntarily waives, releases, exculpates, and discharges UA and Alabama Gymnastics Camp from and against any and all Potential Liabilities connected with the Program. By signing this form, the Participant voluntarily agrees to discharge UA, Alabama Gymnastics Camp, and any third party entities or contractors in advance from all such Potential Liabilities.

### Indemnification

The Participant agrees to hold harmless and indemnify UA and Alabama Gymnastics Camp from and against Potential Liabilities related to or arising from Participant's involvement in the Program.

### Assumption of Risk

The Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation:

Travel/traffic risks such as accidents, crashes, and risks from autos operated by UA or Alabama Gymnastics Camp as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death;

Premises risks, including those that may be owned by others and risks from water, such as drowning; Injury risks from falls, collisions, or accidents (such as cuts, bruises, torn muscles, sprains, broken bones, concussion, etc.);

Outdoor risks, such as weather, lightning, heat or cold, insect bites/stings, allergic reactions to plants, dehydration, hypothermia, drowning, sunburn, animals, and limited access to medical care;

Risks from others involved in the Program such as transmitted illnesses or others' actions;

Health risks, such as allergic reactions, heart or respiratory events as well as other risks inherent in any strenuous activities, including things identified as "injury risks" herein;

Equipment risks, including failure, misuse, inherent risks, and risks from UA or non-UA equipment;

Other risks and hazards beyond the control of UA Alabama Gymnastics Camp, including criminal acts that can result in serious injury or death.

Activities potentially related to the Program including but not limited to:

The Participant acknowledges that they have had an opportunity to investigate the Program before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS that potentially accompany participation in the Program. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

## Health Care and Emergencies

Neither UA nor Alabama Gymnastics Camp accepts responsibility or liability for providing health care services or health care insurance for Participant. Participant should consult his/her own medical care provider, and warrants his/her physical fitness to participate in the Program. Participant authorizes UA and Alabama Gymnastics Camp to obtain any necessary medical treatment for Participant during the Program. Participant agrees to be responsible for the payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant. Further, Participant agrees to indemnify and hold UA and Alabama Gymnastics Camp harmless from any claim that may be made by a doctor of medical facility of said fees and charges incurred in the provision of medical care to Participant. The Participant is required to provide the name(s) and contact number(s) for a parent, guardian, or other party that is a reliable contact in the event of emergencies.

## Conduct

Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. Participant also agrees to follow posted signs as well as instructions and directions of University officials and Program directors and supervisory staff.

## Photography

Participant acknowledges that photographs and possible videos may be taken and irrevocably and perpetually authorizes UA and Alabama Gymnastics Camp to broadcast these images. Participant releases and discharges UA and Alabama Gymnastics Camp from any potential claims related to the broadcast or use of their image, and any potential claims related to the work. Participant waives any right to inspect or approve the work or the broadcast of their image. This agreement shall be interpreted in accordance with applicable law. This is the entire agreement of the parties, and any changes must be in writing.

## Definitions

The following terms have the stated meaning when used in this document:

Applicable Law – the laws of the State of Alabama, without regard to conflicts of laws provisions. UA does not waive, but reserves, all immunities, including Article I, section 14, of the Alabama Constitution. Claims against the University must be made to the State Board of Adjustment. To the extent not barred by immunity, nor required to be filed before the Board of Adjustment, exclusive venue and jurisdiction of all disputes shall lie in the state and federal courts of Tuscaloosa County, Alabama.

Broadcast - to use, reuse, broadcast, publish and/or copyright, in whole or in part, for advertising, promotion, publicity, trade, educational, commercial, merchandising, packaging, public relations and media purposes, in all media, worldwide without limitation, in perpetuity.

Image - image, picture, name, biographical information, voice, statements, recordings or interviews made by or attributable to the person who is appearing in the work, verbatim or otherwise, photographic portraits, drawings, visual representations, video tapes, motions pictures, or other use of likeness in whole or in part, and any reproductions thereof.

Participant – the person participating in the Program or any University employee (regular or temporary), 3<sup>rd</sup> party employee, student, or volunteer working in any capacity to facilitate or support the Program. If

the Participant is under age 19 or is under some form of court-ordered guardianship or custodial arrangement, permission and acknowledgement by a parent/guardian is required.

- Potential Liabilities or Claims – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from the Participant's involvement in the Program, such as medical expenses, other costs, injury, sickness, or death. Additionally, potential claims related to the use of the Participant's image may refer to any liability, damages (compensatory or punitive), claims, or causes of action whatsoever, including, without limitation, claims for invasion of privacy, defamation of character or any alteration, distortion or illusionary effect, whether intentional or otherwise.
- Program – Alabama Gymnastics Camp \_\_\_\_\_ including all activities incidental or connected therewith, such as housing, dining, training, activities, and transportation. Programs may be held on or off University property and may require transit between two or more locations. The terms of this document will apply regardless of Program location, including to and from the event(s).
- UA – The Board of Trustees of The University of Alabama (hereinafter referred to as "UA" or "University"), including The University of Alabama, affiliated foundations, and their respective trustees, officers, employees, agents, representatives and volunteers.
- Work – the finished product and any material used in connection therewith.
- Alabama Gymnastics Camp \_\_\_\_\_ - Alabama Gymnastics Camp \_\_\_\_\_ and their directors, trustees, officers, employees, agents, representatives, and volunteers.

## Emergency Contact(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name:

\_\_\_\_\_ Phone: \_\_\_\_\_

## Acknowledgement

I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND, RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE THE RISKS ASSOCIATED WITH THE PROGRAM, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE PROGRAM. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*If Participant is under the age of 19, a Parent/Guardian must execute this document.

## Parent/Guardian Acknowledgement

THE SIGNING PARENT/GUARDIAN CERTIFIES THAT THEY ARE OVER THE AGE OF 19, HAS READ AND UNDERSTANDS THIS DOCUMENT, UNDERSTANDS THE RISKS, INCLUDING INJURY OR DEATH, ASSOCIATED WITH THE PROGRAM, IS VOLUNTARILY ALLOWING PARTICIPANT TO TAKE PART IN THE PROGRAM, HAS THE RIGHT TO SIGN ON BEHALF OF THE PARTICIPANT, IS SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREES TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT, HIS/HER HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Youth Program Medical Information Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Program/Activity Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

## Instructions

The University of Alabama requests the information on this form so that, in case of emergency, we will have accurate information to assist with providing or securing appropriate medical assistance for our participants. It is recommended that you consult with a physician prior to participating in this program. If the participant has a pre-existing medical condition, participation in any strenuous activity may not be recommended. You are accountable for providing an accurate medical history, but final determination about appropriateness of participation is the responsibility of you and your physician.

Please answer all questions below. If the participant has any medical issue that is not specifically requested below, but which you think is important, please include that information in Section IV. If you answer yes to any of the following, please explain as indicated.

## Parent/Guardian Information

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

## Emergency Contact Information

Primary Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Phone Number(s): ( ) \_\_\_\_\_, ( ) \_\_\_\_\_

Secondary Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Phone Number(s): ( ) \_\_\_\_\_, ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Insurance subscriber name: \_\_\_\_\_ Subscriber date of birth: \_\_\_\_\_

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

*(Please attach a copy of the front and back of your insurance card with this form.)*

*I understand that The University of Alabama does not offer any form of health, liability, or other insurance coverage for participants. (Please initial: \_\_\_\_\_)*

## Medical Information

Are all immunizations up to date?  Yes  No Date of last tetanus shot: \_\_\_\_\_

## Youth Program Medical Information Form

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) \_\_\_\_\_

If your child has any limiting medical conditions that you or your doctor feel could impact participation in this program, please explain. \_\_\_\_\_

List any allergies: (Ex. medications, bee stings, food, latex, plants, etc.) \_\_\_\_\_

Explain any accommodations that your child needs to enable them to safely participate in the program/activity: (Attach additional information, if necessary.) \_\_\_\_\_

### Additional Information

Please provide any additional information or explanation that you feel could be relevant or beneficial for our staff to know in supporting your child during this program. (Attach additional information, if necessary.)

### Authorization for Medical Care

I understand that my child is voluntarily participating in a program/activity at The University of Alabama. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in this program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I will assume the financial responsibility for any costs associated with health care for my child that may occur during this program. I hold harmless and agree to indemnify the program/activity, The University of Alabama, its agents, and the Board of Trustees from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

# Youth Program Medication Management Form

## Instructions

Prescription or over-the-counter (OTC) medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the medications will be secured by program staff and made available to participant for self-administration as authorized in writing by the participant's parent/guardian. It is the participant's responsibility to come to get their medications, but program staff will make every effort to remind them as needed. If the participant is unsure of the medication to take or the correct dosage, program staff will contact the parent or guardian for clarification.

Medication must be in its original container and all labels must be intact with instructions clearly legible. Prescription medications must be labeled by the pharmacist or prescriber, with the name, address and phone number for pharmacist or prescriber. It is advised that containers hold only the amount required for the time the participant will be attending the Program. If a tablet should be cut in half, this should be done before the submitting medication to the Program. Please send medicine cups for liquid medications.

All medications for a single participant should be stored in a plastic bag labeled with the participant's name and date of birth. All medications and medication bags will be returned to the participant's parent/guardian when the program is over.

This form must be completed fully in order for participants to self-administer required prescription or OTC medication. A new Medication Management form is required for each program attended by the participant, each medication, and each time there is a change in dosage or time of administration of a medication.

*Note: Unless we have prior parental authorization, we cannot provide ANY OTC medications.*



# Youth Program Medication Management Form

Participant Name: \_\_\_\_\_

Program/Activity Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

## Medication Information

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, taken with food, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If taken as needed, frequency: \_\_\_\_\_

If taken as needed, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date): \_\_\_\_\_ to \_\_\_\_\_

### *Special Storage Requirements:*

Is refrigeration required?     Yes     No

Prescriber's Name/Title: \_\_\_\_\_

Prescriber's Place of Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

If your child requires any assistance with their medications, please explain: \_\_\_\_\_

## Authorization

- I authorize and recommend self-administration by my child for the above medication.  
(Please initial: \_\_\_\_\_)
- I also affirm that they have been instructed in the proper self-administration of the prescribed medication by their attending physician. (Please initial: \_\_\_\_\_)
- I shall indemnify and hold harmless the Program Staff, The University of Alabama, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).  
(Please initial: \_\_\_\_\_)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_