

UNIVERSITY OF TENNESSEE - SUMMER SPORTS CAMPS TEAM CAMP REGISTRATION FORM

MAIL TO:

JOAN CRONAN VOLLEYBALL CENTER ATTENTION: GAVIN WATT, 2321 STEPHENSON DRIVE, KNOXVILLE,  
TENNESSEE, 37916

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grade Fall 2018: \_\_\_\_\_

Cell Phone (###-###-####) \_\_\_\_\_

Height: \_\_\_\_\_ School Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Position: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Coach's Phone Contact: \_\_\_\_\_

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

Parent or Legal Guardian E-Mail: \_\_\_\_\_

Parent or Legal Guardian Phone (###-###-####) \_\_\_\_\_

UNIVERSITY OF TENNESSEE - SUMMER SPORTS CAMPS MEDICAL AUTHORIZATION

TO BE TURNED IN AT REGISTRATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(street)

\_\_\_\_\_  
(City)

(State)

(Zip)

PARENTS PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

IN CASE OF AN EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_

FAMILY INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

INSURANCE PHONE # \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_

\*\*\*\*PLEASE ATTACH A COPY OF INSURANCE CARD (FRONT & BACK) \*\*\*\*

It is important to have certain medical information so that any emergency may be taken care of as adequately as possible. Please complete the blanks below.

1. Date of last physical examination \_\_\_\_\_ 2. Are you allergic to any medication? \_\_\_\_\_ 3. Any other allergies (bee sting, food, etc.)? \_\_\_\_\_

4. Date of last Tetanus immunization? \_\_\_\_\_ 5. Do you wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_ Type? \_\_\_\_\_ 6. Is there a history of the following: Heart condition \_\_\_\_\_ Respiratory problems \_\_\_\_\_ Dizzy spells \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Rheumatic fever \_\_\_\_\_ Previous Head Injury \_\_\_\_\_ Explanation \_\_\_\_\_ 7. Do you have any current injuries? \_\_\_\_\_ Please explain \_\_\_\_\_

8. Do you have any physical restrictions? \_\_\_\_\_ 9. Are you currently taking any medication? \_\_\_\_\_ Specify \_\_\_\_\_

10. Other conditions? \_\_\_\_\_ 11. Do you require any special taping or bracing? \_\_\_\_\_ Please specify \_\_\_\_\_

I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. Other than medical emergency, I authorize the University to examine and treat my child in the same way that University students are treated with the notification of parents being dependent on the judgment of the physician.

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: All persons under the age of eighteen (18) are asked to have a parent or guardian complete this form as a means of saving precious time in the unlikely event of the necessity for medical treatment while on the University of Tennessee, Knoxville Campus during the summer months.

WARNING STATEMENT

WAIVER AND RELEASE

Participating in summer sports camp requires an acceptance of risk of injury. The University of Tennessee has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instructions, well-maintained equipment and facilities, proper conditioning and good medical care.

The chances of an athlete sustaining a catastrophic sports injury are extremely remote yet understand that serious injuries can happen to anyone. Participation in your sport could result in death, serious nerve and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Each one of you risk becoming tragically injured.

With this understanding, the undersigned do hereby WAIVE and RELEASE the University of Tennessee, faculty, and staff, from all liability, arising out of any sickness or injury, including death, that may occur while participating in a summer sports camp.

STUDENTS NAME (please print) \_\_\_\_\_

STUDENTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENTS NAME (please print) \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(PLEASE MAKE SURE THAT YOU HAVE SIGNED THIS FORM PROPERLY – PARENT(S) NAME MUST BE PRINTED ONE TIME AND SIGNED TWO TIMES - STUDENT=S NAME MUST BE PRINTED ONE TIME AND SIGNED ONE TIME - IF THIS FORM IS NOT SIGNED PROPERLY, THE STUDENT WILL BE NOT ADMITTED TO CAMP.) **\*\*\*\*BRING MEDICAL FORM WITH YOU TO CAMP REGISTRATION\*\*\*\***

**THANK YOU!!**