

SUMMER HIGH SCHOOL PROGRAM

Additional Student Information

Student Name:

Nickname (I prefer to be called):

Student Cell Phone Number:

Personal email address (not school issued email):

Preferred Pronouns:

Please let us know of any special dietary needs:

T-Shirt Size:

Parent #1

Name:

Phone Number:

Email Address:

Parent #2

Name:

Phone Number:

Email Address:

UMaine Summer Sports Camps

Camp Date: _____

Sport: _____

The information provided on this form is for the sole use of the Sportsmedicine staff of the University of Maine Summer Sports Camps. It contains private health information which will be kept secure and confidential and used only in the case of emergency.

HEALTH INTERVIEW

Date of Last Physical: _____ Date of Last Tetanus: _____
 Name _____ Age _____ DOB ___/___/___ Phone _____
 Address _____
 _____ (City) _____ (State) _____ (Zip)
 Parents' Name (Please Print) _____ Work Phone _____
 Family Physician _____ Phone _____

EMERGENCY CONTACT INFORMATION:

Please indicate below two different, responsible people other than yourself who can be contacted in the event that you cannot be reached.

Name _____	Name _____
Daytime _____	Daytime _____
Evening _____	Evening _____

If your child has sustained an injury or had an illness three weeks prior to the start of camp, a physician's note is requested prior to participation so that the Sportsmedicine staff of the University of Maine Summer Sports Camps can follow the physicians advice on managing the said injury or illness and make accommodations if requested.

HEALTH HISTORY: Answer the following and comment on all positive answers on a separate sheet. Do you have or have you ever had.

Birth defects	Y	N	Chest pains	Y	N	Hospitalization	Y	N
Absent or seriously impaired organs	Y	N	Palpitations	Y	N	Surgery	Y	N
Blood disease	Y	N	Rheumatic heart	Y	N	Injuries to Head(w/wo unconsciousness)	Y	N
Diabetes	Y	N	Kidney disease	Y	N	neck, arm, elbow, wrist hand, knee, ankle, trick knee, foot, or back	Y	N
Neurological Condition:	Y	N	Gastrointestinal disease	Y	N	Have you been under a injury or healthcare for any injury or health related condition?	Y	N
Dizziness Fainting	Y	N	Hernia	Y	N			
Recurring headaches	Y	N	Appendectomy	Y	N			
Epilepsy	Y	N	During athletic participation do you wear: Glasses	Y	N			
Weakness, Paralysis	Y	N	Contacts	Y	N			
Eye Problems	Y	N	Dental Appliances	Y	N			
Lung Disease	Y	N	Braces	Y	N			
Asthma	Y	N	Orthopedic Appliances	Y	N			
Heart Disease	Y	N	Any other conditions not mentioned above	Y	N			
Heart murmur	Y	N	Orthopedic Surgery	Y	N			
High blood pressure	Y	N	Hernia repair	Y	N			

Please attach a description of any "yes" answers on a separate piece of paper and include dates.

<u>Medications</u>	<u>Allergies</u>
Type/Dosage _____	Food _____
Medical Condition _____	Insect _____
_____	Medication _____

**University of Maine
Summer Sports Camps**

PERMISSION FOR MEDICAL TREATMENT

If your child requires off-campus medical services, such as prescription medications or emergency evaluation they will be transported to Orono Medical Center, Eastern Maine Medical Center, or St. Joseph Hospital. Payment will be the responsibility of the parent or guardian. In order to provide these medical services, the attending physician will require a Permission to Treat Statement and insurance information. The University of Maine Summer Sports Clinic Athletic Training Staff will make every effort to contact you or the other people you have identified on this form in the event of an emergency. Thank you for your cooperation.

I, the parent/guardian of _____ give permission for emergency transport and medical treatment to be administered. I also give permission for the Athletic Training Staff to administer over-the-counter medications, such as children's Tylenol.

Date _____ (Parent/Guardian Signature) _____

Insurance Company _____

Policy Number _____

Parent Guardian Address _____

Home Phone _____ Work Phone _____



UNIVERSITY OF MAINE SYSTEM RELEASE AGREEMENT

I, _____, hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees, that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.

Date _____	Subject's Name _____	Subject's Signature _____
Address _____		Phone Number (_____) _____

If under 18, must be signed by parent or guardian.

Signature of Parent or Guardian _____	Parent/Guardian's Name _____
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UNIVERSITY OF MAINE
DIVISION OF STUDENT LIFE
CAMPUS RECREATION- MAINE BOUND TRIPS & CLINICS
MAINE BOUND COURSE RELEASE AND ASSUMPTION OF RISK

I, _____, of
(Name)

(Full mailing Address)

Being _____ years of age (having been born on ____/____/____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the _____, (the "Program") from _____, 20____ to _____, 20____, and in consideration of being permitted to participate in the Program, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.

2. That I have been fully informed of the nature, scope and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

*See below for specific risks and dangers of the Program.

3. That the University of Maine System and its University of Maine (hereinafter referred to as the "University") have informed me that there may be dangers and hazards inherent to participants in the Program because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers, or agents.

4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact the Assistant Director for Maine Bound at 581-1752

5. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

6. I understand that if I cancel my registration prior to the registration deadline, I am subject to an administrative fee or the cost of the course, whichever is less.

*Such dangers, hazards and risks of the program may include, but are not limited to, those listed under each program type. Please initial next to each activity your trip intends on engaging in:

_____ Ropes Course/Climbing Wall: bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dehydration, overexertion, death, traumatic brain injury, other impact related injuries, falling objects natural and artificial, rope failure, anchor failure, belay failure, equipment malfunction

_____ Rock Climbing: bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, other impact related injuries, falling objects natural and artificial, rope failure, anchor failure, belay failure, equipment malfunction

_____ Paddling (kayaking, stand up paddle boarding, canoeing): bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocation, dehydration, drowning, death, traumatic brain injury, hypothermia, frostbite, equipment malfunction, entrapment

_____ Mountaineering and Ice Climbing: frostbite, hypothermia, puncture wounds, bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, paralysis, trench foot, falling objects natural and artificial, rope failure, belay failure, anchor failure, equipment malfunction

_____ Hiking & Backpacking: bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, other impact related injuries

_____ Camping: bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, other impact related injuries, improper stove use, equipment malfunction, eating food prepared in unsanitary conditions

_____ Swimming/Pool Use: bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, drowning, death, traumatic brain injury, hypothermia

_____ Skiing: frostbite, hypothermia, puncture wounds, bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dehydration, overexertion, death, traumatic brain injury, paralysis, trench foot, equipment malfunction

____ International Travel: water and food borne illnesses, contraction of parasitic infections, contraction of viruses, fungal infections, insect and animal bites, stings, and diseases, plagues, pandemics

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby:

Assented and agreed to on this _____ day of _____, 20_____.

Signature of Participant

I, _____,
The parent or legal guardian of _____,
Agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Parent or Guardian Signature (if participant under the age of 18 years)



MEDICAL FORM

04170

PERSONAL INFORMATION

The information on this form is not part of the participant acceptance process, but rather is gathered to assist Campus Recreation in identifying appropriate care. Any changes to the information provided herein should be provided to *MaineBound* prior to the program, course, or activity for which the participant has registered. Please provide complete information so that *MaineBound* can be aware of your needs.

Name: _____ ID#: _____

Full Mailing Address: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

E-Mail address: _____ Age: _____ Height: _____ Weight: _____

In event of emergency, notify: (Name) _____

Full Mailing Address: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

E-Mail address: _____ Relationship: _____

MEDICAL INFORMATION AND HISTORY

Family Physician: _____ Phone: _____

List any medications to which you are allergic: _____

List any other allergies (food, plants, insects, etc.): _____

List nature of reactions to allergies: _____

List any illness or condition for which you are now under treatment: _____

List medications + reason for taking them: _____

If you have, or have had, any of the following, state year of occurrence:

Hernia _____ Fractures _____ Dislocations _____ Sprain/Strain _____

List any physical/medical disabilities of which MB should be aware:

HOSPITALIZATION

Date	Hospital	Nature of Hospitalization
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_____	_____	_____
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Please complete the reverse side of this form and sign it

MEDICAL CONDITIONS

If you have, or have had, any of the following conditions, please write "Yes". If not, write "No".

- A. Dizziness, loss of consciousness, recurrent headaches _____
- B. Eye, ear, nose, throat, tonsils, or sinus problems _____
- C. Impairment of sight, hearing, or speech _____
- D. Chronic cough, coughing up blood, bronchitis, asthma, contact with tuberculosis _____
- E. Chest pain, shortness of breath, palpitations, swollen ankles, heart murmur, heart disease, high or low blood pressure _____
- F. Troublesome skin conditions - rash, infection, etc. _____
- G. Symptoms related to gastrointestinal tract e.g., chronic diarrhea, ulcer, abdominal pain _____
- H. Severe menstrual cramps or problems _____
- I. Frequency in urination, bed wetting, diabetes _____
- J. Muscle, joint, or back pain; arthritis, bursitis, sciatica _____
- K. Benign or malignant growth or tumor _____
- L. Episodes of depression, anxiety, hysteria, nervousness _____
- M. Special dietary restrictions such as vegetarian _____
- N. Frostbite, hypothermia, heat exhaustion, heatstroke _____

Provide details for any questions in which you answered yes.

MaineBound reserves the right to request a Physician's examination of any participant prior to any program.

INSURANCE

Each participant must be covered by his/her own sickness or accident insurance, or sign a liability waiver through MaineBound. The University of Maine, Campus Recreation, and MaineBound do not provide sickness, health, or accident insurance.

Insurance Company: _____ Policy/Group No.: _____

My signature below indicates a desire on my part to participate in a MaineBound program or activity. I fully understand the rigorous nature of a MaineBound program. In the event of an emergency, permission is given for any medical treatment which might become necessary.

Participant Signature: _____ Date: _____

Parent/Guardian (If under age 18): _____ Date: _____