

Football Senior Day Registration Form

July 25, 2009

I plan on attending Senior Day **\$50 if postmarked before July 14, \$55 after July 14**

Number of people attending lunch, including self _____ **\$11 for each additional lunch.**

Name: _____ Year born _____
(Print)

Position _____ High School _____

Address: _____

_____ Additional Street

_____ City _____ State _____ Zip _____

Home phone: (_____) _____

Emergency phone: (_____) _____

E-mail address: _____

Payment Information: Check payable to *Cornell University* enclosed.

Staple check to this form and mail to:

**Cornell Football Office
Schoellkopf Hall, Campus Road
Ithaca, NY 14853**

Please charge \$ _____ to my credit card no. _____

Exp. date ____/____ (no American Express)

Signature of cardholder

Date

CORNELL SPORTS SCHOOL

PARENTAL PERMISSION - HOLD HARMLESS AGREEMENT

Campers **WILL NOT BE ALLOWED TO PARTICIPATE** until this form is received!

CAMPER NAME: _____
(Please print neatly)

CAMP(S) ENROLLED IN: _____

1. I give permission for my child to go swimming in Cornell's swimming pools. _____ (initial if permitting)
2. I am aware of the inherent dangers and risks involved in Sports School including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other School participants.
 - c) Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, rink, ice, mat).
 - d) Immersion in water (drowning).
3. I understand that due to the nature of the sport of wrestling, contagious skin infections may occur. I agree that my child is responsible for personal hygiene, including showering after each session and washing with disinfectant soap which will be provided by Cornell. Furthermore, I agree that my child must report any skin infection to the camp medical staff for diagnosis, and to help prevent its spread as a result of body to body contact. I understand that in the event of a skin infection, my child will not be permitted to physically participate in wrestling sessions until free of all contagious infections and that observing sessions constitutes a learning experience. I agree that no refund will be issued if my child remains at camp and does not participate due to an infection.
4. In the event of an injury or illness, I give permission for my child to be treated by the Cornell Sports School medical staff, Cornell Health Services staff, and Ithaca emergency room staff at the Cayuga Medical Center or Convenient Care Center. I also give permission for the medical staff to administer any medications as indicated on his/her medical form.
5. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Cornell University, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Cornell University.
6. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it. Furthermore, I agree that Cornell University is not responsible for personal belongings lost or stolen as a result of my child not locking his/her residence hall room.
7. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.
8. I understand that Cornell University does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.
NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided below.

Medical Insurance Provider: _____ Policy no. _____

Parent or Guardian (please print)

Signature of Parent or Guardian

Date

Cornell Sports School Medical Form

Participation is prohibited without this completed form!

Camp(s): _____ Camp dates: _____
(one form allows camper to participate in multiple camps)

Camper's name: _____ Gender: boy girl YOB: _____

Primary contact: _____ Relationship: _____

Day ph: (_____) _____ Home: (_____) _____ Other ph:(_____) _____

Emergency contact (other): _____ Phone: (_____) _____

Insurance co.: _____ Name of policy holder: _____

Policy/ID no.: _____ Insurance co. phone: (_____) _____

Insurance co.
address: _____

Medical information below - Physician's signature required

MEDICATIONS AT CAMP: Is it necessary to administer medication at camp (check one)? YES NO

Medications & dosages: _____

All medication MUST be in its original container with an accurate pharmacy label and **MUST** be accompanied by physician's orders. All medications **MUST** be given to the Medical Director at check-in. This policy applies to **OVER-THE-COUNTER** and **PRESCRIPTION** medications!

Allergies to Medications: _____

Medical conditions, even if controlled (diabetes, seizures, etc.) _____

Date of most recent immunizations: Tetanus _____, Measles _____, Mumps _____

Rubella _____, Diptheria _____, Poliomyelitis _____

Hemophilus influenza type b _____, Hepatitis b _____, Varicella (chicken pox) _____

I have examined _____ and hereby certify he/she is able to participate in athletic activities.

*Physicians Signature

Date

Phone

*You may attach a recent copy (within the past year) of a school physical (with physician's signature) if your child has no new medical conditions that limit his or her participation in sport activities. Complete immunization records may also be attached.

Medical Treatment Authorization

In the event of an injury or illness, I give permission for my child, _____ to be treated by Cornell's medical staff, and/or emergency room staff at the Cayuga Medical Center or Convenient Care Center. I also give permission for medical staff to administer any medications as indicated above. In addition, I consent to have Cornell or above service providers use and disclose my child's protected health information for payment, treatment and health care operations purposes. Protected health information includes medical, billing and demographic information collected and/or created by Cornell or above service providers. I understand that I will be responsible for all charges for health services by Cornell or off-campus providers.

Signature of Parent or Guardian

Date