

SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME _____ DATE _____
DATE OF BIRTH _____
ADDRESS _____

KNOWN ALLERGIES _____
DATE OF LAST TETNUS BOOSTER SHOT _____
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),
SUPPLEMENTS _____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

<input type="checkbox"/> Ongoing or chronic illness	<input type="checkbox"/> Surgery
<input type="checkbox"/> Hospitalized overnight	<input type="checkbox"/> Passed out or dizziness after exercise
<input type="checkbox"/> Chest pain during exercise	<input type="checkbox"/> Heart murmur
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Concussion or loss of consciousness
<input type="checkbox"/> Cough, wheezing, or trouble after or during exercise	
<input type="checkbox"/> Racing of your heart or skipped heartbeats	
<input type="checkbox"/> Family member or relative who died of heart disease or sudden death before age 50	
<input type="checkbox"/> Problems with eyes (decreased vision, eyeglasses, contact lenses)	
<input type="checkbox"/> Orthopedic injuries (sprains, fractures, ligament damage). Please describe:	

FEMALES ONLY: Have you begun menstruation? _____
Frequency of menses _____ Length of menses _____

I certify that the above information is complete and correct.

Signature: _____ Date: _____

PHYSICAL EXAM BP _____ PULSE _____ HT _____ WT _____

Please check if ABNORMAL and explain at bottom of page:

<input type="checkbox"/> Eyes/ears/nose/throat	<input type="checkbox"/> Neck
<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Back
<input type="checkbox"/> Heart	<input type="checkbox"/> Shoulder/upper arm
<input type="checkbox"/> Pulses	<input type="checkbox"/> Elbow/forearm
<input type="checkbox"/> Lungs	<input type="checkbox"/> Wrist/forearm
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Hip/upper leg
<input type="checkbox"/> Genitalia/hernia	<input type="checkbox"/> Knee
<input type="checkbox"/> Skin	<input type="checkbox"/> Lower leg/ankle/foot

EXPLANATION OF ABNORMALS: _____

Cleared for all athletic activities
 Not cleared for all athletic activities
Reason _____
Restrictions/Recommendations: _____

Signature of Examiner: _____ Date: _____
Printed name of Examiner _____
Address of Examiner _____

This exam must be conducted within the twelve months prior to the start of the camp.

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (camper name), I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the University of Kansas Jayhawk Golf Camp. I understand that participation in Golf, and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the employees or agents of the University of Kansas Jayhawk Golf Camp, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas Golf program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature _____
date

Parent/Guardian Home Phone: _____ Cell Phone: _____
Work Phone: _____

INSURANCE INFORMATION
(parent/guardian please fill out)

SUBSCRIBER: _____ RELATIONSHIP TO CAMPER: _____
SUBSCRIBER'S DATE OF BIRTH _____ SUBSCRIBER'S EMPLOYER: _____
NAME OF INSURANCE COMPANY: _____
CLAIMS MAILING ADDRESS: _____
POLICY NUMBER: _____ GROUP NUMBER _____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Signature _____
Date

Jayhawk Golf Camp Pick up Authorization

The following people are authorized to pick up my child from Jayhawk Golf Camp. I understand that my child will be allowed to leave with these individuals only. Photo identification may be required at sign out (please include yourself).

Authorized person's name	Relationship to child	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of persons NOT allowed to pick up child (appropriate custody papers must be attached if a parent is not allowed to pick up the child):

_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date _____

Drivers' Authorization

I hereby certify that my child, _____, has my permission to drive to and from Jayhawk Golf Camp and that he/she has a valid drivers' license.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I give permission and my consent to allow photographs to be taken during camp session activities of _____ **(insert child's name)**. I further give permission and consent that any such photographs may be published and used by Jayhawk Golf Camp for promotional use and to illustrate and promote the camp experience, Jayhawk Golf Camp and its camp programs.

Signed (parent or guardian)_____