

VI. Appendix C - Emergency Information and Physician's Permission for Camper Participation

To be Completed by Camper or Camper's Parent/Guardian:

Camper Name: _____

Camper Age: _____

Camper's Grade: _____

Camper's Home Phone: _____

Camper's Cell Phone: _____

Camper's Email Address: _____

Home Address: _____

Home City, State, and Zip: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Cell Phone and Email: _____

Insurance Company Name: _____

Policy Holder Name: _____ Policy Number: _____

*****Please attach a photocopy of the front and back of your insurance card.***

To be Completed by Camper's Primary Physician:

Date of Last Physical Examination for this Patient: _____

Concerns about This Patient's Health of which the Camp should be Mindful:

Do you have any reservations about allowing this Camper to participate in this athletic camp on the campus of the University of North Carolina at Chapel Hill, understanding that this camp may include vigorous physical activity?

YES

NO

By signing below, you hereby declare this Patient fit for participation in this Camp.

Physician Name: _____

Physician Office Phone Number: _____

Physician Signature: _____

Date: _____