

Registration Form

2017 NH Nordic Devo Camp Dublin, NH

To reserve a spot at this camp, please print and fill out this form AND the medical form.

Return both forms, a copy of the athlete's insurance form, and a check for \$355 (U16/U18 camp) OR \$295 (BKL camp) made out to the Dublin School.

Return both forms and check to: Kathy Maddock; 64 Temple Rd.; Wilton, NH; 03086.

Name: _____

Address: _____

Age: _____

Sex: _____

Email: _____

Parents' names: _____

Parents' phones: _____

Parents' emails: _____

BKL and U16/U18 camps start at 10:00 am on August 12.

BKL camp ends at 2:00 pm on Tuesday, August 15th.

U16/U18 ends at 2:00 pm on Wednesday, August 16th.

Medical Form

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Please include a copy of the athlete's insurance card with this form.

ATHLETE MEDICAL DISCLOSURE

ATHLETE NAME: _____ DOB: ___/___/___ Age: _____

Gender: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Ski Team/Club: _____

Father's Name: _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Cell Phone: _____

Other emergency Contact: _____

Phone Number: _____

EMERGENCY MEDICAL RELEASE and CONSENT

I/We _____, understand that competitive nordic skiing; training for competitive nordic skiing; and all the other activities relating to Dublin School programs are dangerous and physically demanding activities and that serious personal injury to the above athlete is possible. I/We acknowledge and accept the inherent dangers of physical injury to participants in these activities, and hereby agree to allow the above athlete to participate in all such activities. I/We hereby release Dublin School and any other employees of the camp and agree to hold all said parties harmless from any and all claims, demands, causes of action, and/or attorney fees arising out of or in any way related to any personal injury or property damage sustained by/to the above athlete while involved, spectating, or being transported to and from Dublin School activities.

I/We have read and understand this release and voluntarily, willingly and knowingly have executed this release as evidence of our agreement to all of its terms.

Parent/Guardian Signature: _____ **Date:** _____

I/We the undersigned, as parent(s) and/or legal guardian(s) of the above athlete recognize that medical treatment may become necessary during the above athlete's travel and participation in the Dublin School programs. In the event of an emergency requiring treatment, surgery or the administration of other medical services, permission is granted by _____, who is the parent and/or guardian of _____, a minor, to Dublin School Coaches and Staff to act on his/her behalf, should attempts to contact the above named person(s) prove to be unsuccessful. I/We hereby empower the coaches and staff of Dublin School to authorize on my/our behalf recommended medical treatment by any doctor, emergency medical technician and/or paramedic that is advisable for the care and treatment of the above named athlete.

This **authorization** is complete in and of itself and is fully operative upon my signature for the duration of the above athlete's participation in Dublin School athletics.

Parent/Guardian Signature: _____ **Date:** _____

I/We, the undersigned, represent that I/we have sought the opinion of (name of the athlete's physician/pediatrician) _____, and they concur that (athlete's name) _____ is fully capable of participating in the physical demands of the Dublin School athletics.

Parent/Guardian Signature: _____ **Date:** _____

IMPORTANT MEDICAL HISTORY & INSURANCE INFORMATION

Family Physician's Name: _____

Phone: _____

Allergies: (food, drugs,
other): _____

Current
Medications: _____

—

Date of most recent Tetanus Booster:

List any pre-existing conditions (asthma, epilepsy, diabetes, head injuries/concussions, fractures, surgeries, severe sprains/strains, hemophilia) and explain:

Medical Insurance Company: _____

Policy Holder: _____

Policy Number: _____

Phone: _____

Policy Holder's Date of Birth: _____

This form must be entirely completed and returned to Kathy Maddock in order to take part in the Camp.