MEDICAL AND PHOTO RELEASE

I state to you that I am in excellent physical condition. My activity should not be limited or participation hindered because of any physical ailment. If my physical condition should change between the time of this statement and the time the camp begins, I will notify you. If any emergency arises involving my physical well-being, I give UIUC Division of Disability Resources and Educational Services full permission to protect and assist me as you deem necessary, and I release you from all responsibility for such actions.

I realize any sport can cause an individual serious injury. Participation in any sport is an acceptance of some risk of injury. In order to minimize this risk it is necessary that I be aware of and abide by the guidelines and safety rules set forth by the camp administration.

I will agree to pay any medical expenses or any other expenses that may be incurred as a result of treatment given me for camp related injuries in excess of that provided by the camp’s insurance. I understand the camp insurance does not cover any expenses resulting from illness. I make these statements as consideration for your allowing to fully participate in the Summer Wheelchair Sports Camp.

As a part of the consideration for participating in the aforementioned event I release, hold harmless, and forever discharge the University of Illinois at Urbana-Champaign, their board of trustees, employees and agents, from any and all liability claims, demands, actions and causes of actions whatsoever arising out of or relating to any loss, property damage, or personal injury, including death, that may be sustained by me to any property belonging to me, whether caused by the negligence of the University, their employees or agents, or otherwise, while participating in such activity. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event. This release and hold harmless agreement is binding on myself, my heirs, assigns and personal representatives.

SIGNATURE: __________________________________________________ DATE: ________________

Parent or Guardian if under 18 yrs. of age

Please circle the camp(s) you are registered for:

Elite Camp    Coaches Clinic I    Individual Camp    Coaches Clinic II    Track Camp
TRANSPORTATION INFORMATION FORM
(Please write legibly.)

Please complete and return this form even if you are planning on driving your athlete to camp. This is especially important to ensure all athletes will arrive at camp with the proper transportation. Sport Camp staff will only provide transportation from public hubs (i.e.: Willard Airport, Illinois Bus & Train Terminal).

NAME: ________________________________________________________________

Last                First                Middle

ADDRESS: ______________________________________________________________

Street                City                State/Zip Code

I will provide my own transportation to and from camp. Yes ___ No

I will arrive and depart on public transportation and will need transportation to the Residence Hall. Yes ___ No

If you answered “no” to providing your own transportation, please continue. If you answered “yes” to providing your own transportation, you are finished with this form.

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PUBLIC TRANSPORTATION INFORMATION
(Please email itinerary to mlgilbrt@illinois.edu)

*We are offering transportation from the Bloomington airport (BMI) in Bloomington, IL. If you choose this option, the two pickup times for arrival will be 12:00pm and 4:00pm. Please make departures after 10:30am on the last day of camp.

ARRIVAL
What form of transportation will you use?      Train _____ Plane _____ Bus _____

Name of transportation carrier: _______________ Arrival: (Date) __________ (Time) _______

If plane, what is your flight number and what city are you departing from? __________&__________

If bus or train, what city are you departing from? __________________________________________

DEPARTURE
What form of transportation will you use?      Train _____ Plane _____ Bus _____

Name of transportation carrier: _______________ Departure: (Date) __________ (Time) _______

If plane, what is your flight number and what city are you departing to? __________&__________

If bus or train, what city are you departing to? __________________________________________

EQUIPMENT INFORMATION:
Will you bring an everyday chair?      Yes_____ No _____

Will you bring a basketball wheelchair? Yes_____ No _____

Will you bring a track chair? Yes_____ No _____

Please circle the camp(s) you are registered for:

Elite Camp      Coaches Clinic I      Individual Camp      Coaches Clinic II      Track Camp