**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 slwheele@illinois.edu)

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