

# SJC Team Camp Release and Emergency Contact

*If the prospect is under age 18, a parent or legal guardian  
must also sign this form prior to the tryout*

**Prospect (Athlete) Name:** \_\_\_\_\_

I understand that while I \_\_\_\_\_ am attending the SJC Team Camp at Saint Joseph's College, I may sustain an injury to any part of my body. I give permission to and understand that the Athletic Training Office may provide first aid procedures to manage any injury that I sustained during the tryout. However, if I do require medical services off campus (i.e. orthopedic physician, x-ray, MRI, surgery due to any injury sustained, etc.), I will solely be responsible for the cost of any such visit or surgery. I also understand and accept that it is the Athletic Training Office's judgment as to whether or not I will be allowed to participate after such an injury has occurred.

Any current physical disabilities or injuries that may become worsened by my participation in the tryout are listed below:

\_\_\_\_\_  
\_\_\_\_\_

I hereby waive and release any and all rights and claims for damages I may have against Saint Joseph's College

\_\_\_\_\_  
Prospect Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*Required only if Prospect is under age 18*

## EMERGENCY INFORMATION

**Parent/Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (food or medication): \_\_\_\_\_

Any other problems that the medical staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**This form should be in the possession of the Head Coach  
(or a designated member of the coaching staff)  
at all times during the SJC camp visit.**