

**CSU Youth Sport Camps EMERGENCY CONTACT AND HEALTH FORM (required)**

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Work hours \_\_\_\_\_ Work hours \_\_\_\_\_  
Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name of person to be notified in an emergency if parents are not available  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name(s) of any person(s) – other than parents/guardians – to whom the camper may be released.

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Is there someone who should, by court order, NOT be allowed to pick up this child?

Name \_\_\_\_\_ Description \_\_\_\_\_  
\_\_\_\_\_

**Child's Specific Medical Information: PLEASE PRINT CLEARLY**

Allergies \_\_\_\_\_  
Medications \_\_\_\_\_ Frequency \_\_\_\_\_  
Other \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Office Hours \_\_\_\_\_  
Hospital preferred for emergency treatment \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**In case of serious illness or injury and if parent/guardian cannot be reached, will you allow your child to be transported to the doctor or hospital by an employee of Colorado State University or medical personnel? Yes \_\_\_ No \_\_\_**

I hereby give permission to Colorado State University to secure emergency medical treatment for the above named minor child in the case of the above named school. The parents will accept all expenses of such care.

\_\_\_\_\_  
Signature of parent or guardian Date

**PHOTO RELEASE:** I give permission for publication of photos taken of my child during YSC at Colorado State University. I understand that I will not be paid any royalty or other compensation and I give up my right to have payment if my child's photo is published online or in print media. I understand that my child will never be identified by name in any photograph or media.

\_\_\_\_\_  
Signature of parent or guardian Date

**For YOUTH SPORT CAMP FIELD TRIPS:** The Camp Director and/or Camp Counselors have my permission to take my child on scheduled YSC field trips for which advanced notice has been given.

\_\_\_\_\_  
Signature of parent or guardian Date