



Princeton National Rowing Association- Summer Rowing Camp Parental Release Form

This form must be completed in FULL, including signature of Parent or Guardian, and either presented at the time of the initial check-in for the camp or mailed/faxed to PNRA prior to check-in. Campers will not be allowed to participate without both the Parental Release and Health Form completed in full.

Camper's Name: _____

Emergency Contact Name and Number: _____

I, _____, give permission for _____ to
(Parent or Guardian) (Name of Camper)

Attend and participate in the PNRA _____
(Name of Camp) (Dates of Camp)

I authorize the staff of the camp to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to make any claims or demands against camp staff or PNRA for any injury sustained.
5. agree to allow the Camp Director and staff to use his/her judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.
7. Grant the camp staff permission to videotape, photograph or otherwise record my child/ward and to use such recordings and biographical data in any media on a perpetual basis.

I can be reached by phone during the day at: _____ and in the evening

at: _____.

An alternative/emergency contact person is: _____ and can be reached

by phone at (Day) _____, (Eve) _____.

Insurance Carrier: _____

Policy Holder's Name: _____

In consideration for my son's/daughter's permission to participate in the camp, I release the Princeton National Rowing Association, its Board of Directors, officers, agents, employees, coaches and volunteers from any and all claims which my son/daughter may have as a result of personal injury or property loss arising out of or connected in any way with their participation in camp.

(Signature of Parent)

(Date)



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Health Form

This form must be completed in FULL, including signature of a physician, and either brought to check in or mailed/faxed to PNRA. A copy of a camper's school physical, including immunization history and a doctor's signature, may be submitted in lieu of this form if the physical was performed within 12 months prior to the camp start date. Campers will not be allowed to participate without both Parental Release and Health Form completed in full.

Please Print Clearly:

Camp Name: _____ Session Number: _____

Camper's Name: _____ Gender: _____ Age: _____
(Last Name) (First Name)

Height: _____ Weight: _____

Medical History (Please check for "yes")

German Measles () Measles () Mumps () Scarlet Fever ()
Chicken Pox () Diabetes () Pneumonia () Other: _____

Immunization History

	Month/Year
Diphtheria	_____
Tetanus Toxoid	_____
Polio Vaccine	_____
Tuberculin Test	_____
Measles	_____

Allergy History

	Yes	No
Hay Fever	()	()
Asthma	()	()
Eczema	()	()
Hives	()	()
Insect Stings	()	()

Drug Reactions

	Yes	No
Sulpha	()	()
Penicillin	()	()
Antibiotic	()	()
Type: _____		
Type: _____		

If medication will be taken during camp, indicate name of drug and dosage: _____

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations relating directly to the participant's ability to participate in the camp for six or more hours per day (Resolute Racing Camp) or 3 hours or more per day (Novice Day Camp) (Please attach additional sheets as necessary): _____

I certify the above named individual is able to participate fully in the above-named activity, based on physical examination within 12 months prior to said camp date.

(Signature of Physician)

(Date)

(Street Address)

(City)

(State)

(Zip)