

Student Participant Registration Information

Name: _____

Gender: Male Female

Date of Birth: _____

Address: _____

Grade Entering: _____

School Name: _____

Camper's Shirt Size: _____

Parent/Guardian Information

Parent/Guardian must fill out the following information.

1. Guardian's Full Name: _____ Relationship: _____
Phone (____) _____

2. Guardian's Full Name: _____ Relationship: _____
Phone (____) _____

Release of Student Participant and Emergency Contacts

No student participant shall be released without permission from the Program Director and completion of the release authorization below. For safety reasons, students will not be released to unauthorized individuals.

Please list the names and contact information for two (2) authorized individuals below who may be contacted in the event that the parent(s)/guardian(s) cannot be reached and/or to whom the student participant may be released (ID required at pick up).

This information is mandatory.

1. Emergency Contact: _____
Relationship: _____
Phone (____) _____

2. Emergency Contact: _____
Relationship _____
Phone (____) _____

Student Participant and Parental Consent

By participating in the Lake Superior State University Athletics Camp program, the student participant and their parent(s) or legal guardian(s) acknowledge and agree that Lake Superior State University, including its staff, coaches, athletic trainers, employees, and agents, shall not be held liable for any injury, accident, or loss of personal property, regardless of cause.

The participant and parent(s) or legal guardian(s) agree to release, waive, and hold harmless Lake Superior State University from any and all claims arising out of or related to participation in the camp program.

The participant and parent(s) or legal guardian(s) acknowledge and voluntarily assume all risks associated with participation in the camp program, including inherent risks of athletic activity. These risks include, but are not limited to, concussions, lacerations, sprains, strains, fractures, dislocations, subluxations, avulsions, infectious disease, paralysis, and death.

Treatment Authorization

I hereby authorize Lake Superior State University to obtain and provide medical treatment and/or care deemed necessary by camp staff for the health and well-being of the participant during the term of camp participation. This includes consent for emergency medical or surgical treatment recommended by a licensed physician, as well as permission for emergency transportation if necessary.

In the event of illness or injury, I authorize medical treatment to be rendered to my child. I understand that I will be notified in the event of a serious medical situation requiring further care. I further understand and agree that all medical expenses incurred shall be the responsibility of the parent or legal guardian.

Medical Fitness Certification

I certify that my child is in good health and medically fit to participate in the Lake Superior State University Athletics Camp program.

Acknowledgment

I have read, understand, and voluntarily agree to the terms and conditions stated above, including assumption of risk, waiver of liability, treatment authorization, and medical fitness certification.

Signatures

Parent/Legal Guardian Signature: _____ Date: _____

Participant Signature (optional acknowledgment): _____ Date: _____

Student Participant Medical Information

Primary Physician: _____

Physician Phone Number: _____

Medical: Please list any/all pertinent medical information:

Allergies / Dietary (provide any/all pertinent information):

Medications (provide any/all pertinent information and instructions):

**Medications can be turned in at registration and will be distributed by the Head Athletic Trainer as directed above.*

Health Insurance Information:

Do you have health Insurance? Yes No

Provider/Policy/Group Number(s):

If no, you must read and agree to the following acknowledgement of risk statement. Your signature on this form indicates your consent.

I have no health insurance. I understand the risk, and I take responsibility for any injury my child may receive. I assume responsibility for all costs incurred.

I agree to this waiver:

Parent Signature: _____ Date: _____

Student Participant Behavior Agreement

Lake Superior State University Athletics summer camps reserve the right to dismiss any participant whose behavior is considered harmful or inappropriate, as determined by University staff. Participants must follow all camp rules and standards of conduct. Unsafe, disruptive, or inappropriate behavior—including profanity or repeated rule violations—may result in dismissal from the program at the participant’s expense.

This list is not all-inclusive. Please contact the Camp Director with any questions about unacceptable behavior. By signing, the participant and parent/guardian acknowledge they have read, understood, and agreed to these expectations as part of participation in the camp program.

I agree to this waiver:

Participant Signature: _____ Date: _____

Indemnification Agreement

THE UNDERSIGNED PARENT/GUARDIAN further agrees to defend, indemnify, and hold harmless, Lake Superior State University, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from my child’s participation in Lake Superior State University’s Athletics Camp.

I agree to this waiver:

Signature: _____ Date: _____

Photo/Media Release

I authorize photos/videos of my child to be used for camp marketing and social media.

Yes No

Parent Signature: _____ Date: _____

Concussion Information

Parents/guardians and the student should read the concussion information below. Educational Material for Parents and Students (Content Meets MDCH Requirements)

UNDERSTANDING CONCUSSIONS

Some Common Symptoms:

Headache	Sluggishness	Slow Reaction Time
Balance Problems	Memory Problems	Dizziness
Sensitivity to Noise	Feeling Irritable	Sensitivity to Light
Poor Concentration	Nausea/Vomiting	Fogginess
Not "Feeling Right"	Blurry Vision	"Feeling Down"
Pressure in the Head	Haziness	Sleep Problems
Double Vision	Confusion	Grogginess

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by shaking, spinning, or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You cannot see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care provider says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.

2. **KEEP YOUR STUDENT OUT OF PLAY.** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.

3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSIONS. Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS/GUARDIANS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body he/she exhibits any of the following symptoms:

- * Appears dazed or stunned
- * Answers questions slowly
- * Is confused about assignment or position
- * Is unsure of game, score, or opponent
- * Loses consciousness (even briefly)
- * Forgets an instruction
- * Moves clumsily
- * Slows mood, behavior, or personality changes
- * Can't recall events prior to or after a hit or fall

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body he/she exhibits any of the following symptoms:

- * One pupil larger than the other
- * Repeated vomiting or nausea
- * Becomes confused, restless, or agitated
- * Is drowsy or cannot be awakened
- * Slurred speech
- * A headache that gets worse
- * Convulsions or seizures
- * Loses consciousness (even a briefly)
- * Weakness, numbness, decreased coordination
- * Cannot recognize people/place

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow or jolt to the head or body, he/she should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rest breaks, be given extra help and time, spend less time reading, writing, or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recovery quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer. To learn more, go to www.cdc.gov/concussion.

I have received, read and understand this information:

Signature: _____ Date: _____