



After you have downloaded this packet, please complete this document and send it along with the forms and your check for \$125 made payable to Ignatius Chicago Crew to:

Mary Jo Campbell
5806 N. Kingsdale Avenue, Chicago, IL 60646
773-286-4068

PLEASE RETURN THE FOLLOWING:

- This document
- ICC Waiver form
- US Rowing Waiver form
- Emergency Information form
- Swimming Proficiency Exam
- Your check

ADDITIONAL INFORMATION NEEDED:

Name of camper: _____

Student email address: _____

Parent/Guardian email address: _____

Any medical condition we should be aware of? _____

Circle One:

Session I: July 25-29, 2011

Session II: August 1-5, 2011

Grammar school: _____

May we provide your phone number to other campers for potential car pools?

Phone number: _____

Special Notes:

- You do not need a physical exam
- Address/directions of LPBC can be found on our website
www.ignatiuschicagocrew.org

Athlete's Name

Parent's Signature

Ignatius Chicago Crew

Emergency Information and Medical Treatment Form

(Please print all details clearly.)

Athlete's Name:		
Last:	First:	Middle:
Date of Birth:		

Mother's Information:		
Name:		
Address:		
City/State/Zip:		
Home phone:	Cell phone:	Work phone:
E-mail address:		

Father's Information:		
Name:		
Address:		
City/State/Zip:		
Home phone:	Cell phone:	Work phone:
E-mail address:		

In case of emergency, ICC will attempt to contact a parent using the information provided above. In the event ICC is not able to reach a parent, we will attempt to contact one of the two alternate contacts designated below:

Alternate Contact Information:		
Name:		
Home phone:	Cell phone:	Work phone:
Name:		
Home phone:	Cell phone:	Work phone:

Medical Information:	
Athlete's doctor:	Doctor's phone #:
Is Athlete allergic to anything?	
If yes, please list all allergies:	
Is Athlete taking any medication we should be aware of:	
If yes, please list all medications we should be aware of:	
Does Athlete have asthma?	
Does Athlete have any medical/mobility/mental health concerns?	
If yes, please list medical/mobility/mental health concerns:	

Insurance company:		
Insured:		
Employer (if applicable):		
Policy #:	Group #:	Member ID#:
Please attach a photocopy of both sides of current insurance card.		

**Parent/Guardian Consent to Medical Treatment /
Consent to Disclosure of Protected Health Information**

In the event of an emergency, I authorize Ignatius Chicago Crew to facilitate the provision of emergency and other appropriate medical treatment of any injury or illness my child may sustain and I hereby give permission to qualified medical personnel to provide such treatment to my child as they deem necessary or appropriate including without limitation hospitalization, medical tests, injections, the provision of anesthesia and surgery. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed. I hereby hold harmless Ignatius Chicago Crew from any losses or liability arising out of Ignatius Chicago Crew's facilitation of the provision of medical treatment.

I hereby authorize Ignatius Chicago Crew to release and or obtain information regarding my child's protected health information and any related information relating to any injury or illness while my child is an Ignatius Chicago Crew athlete. This protected health information may be released by Ignatius Chicago Crew to health care providers, hospitals, medical clinics, laboratories, coaches, insurance companies and school administrators. To the extent my child's health information may be deemed protected by federal regulations under the Health Insurance Portability and Accountability Act (HIPPA), by signing below, I authorize disclosure of such information under HIPPA.

Parent Signature:	
Parent Name (please print):	
Date:	

Ignatius Chicago Crew WAIVER (New Rowers)

This waiver may be copied for your use.

IN CONSIDERATION of being given the opportunity to participate in IGNATIUS CHICAGO CREW ("Club") activities ("Activities" or "Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activities.
2. FULLY UNDERSTAND that: (a) THE ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place (each considered one of the Releasees herein), from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees, from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ **Date:** _____

Signature (only if age 18 or over): _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the Activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activities. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the Activities, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____ **Date:** _____

Parent/Guardian Signature (only if participant is under the age of 18):
