



**JUNIOR CHAMPIONSHIP AND CURLING CAMPS
HEALTH FORM**

NAME _____ ("Participant") DATE OF BIRTH ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-mail _____ AGE _____

PARENT OR GUARDIAN NAME _____

HOME () _____ BUS () _____

EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

NAME _____

HOME () _____ BUS () _____

NAME OF MEDICAL INSURANCE _____

POLICY AND GROUP NUMBERS _____

Do you have any medical conditions at present?	YES	NO
If Yes, explain:		
Are you allergic to any medications?		
If Yes, please list:		
Are you taking any medications?		
If Yes, please list:		
Date of last tetanus shot (month, year)		

SIGNATURE OF PARTICIPANT _____ DATE _____

PARENT/GUARDIAN AGREEMENT

The parent/guardian of the Participant, a minor, agrees that the Participant and parent/guardian will abide by the rules of the USCA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with curling and in consideration for the USCA and its affiliates accepting the Participant for its curling programs and activities, the parent/guardian hereby releases, discharges, and/or otherwise indemnifies the USCA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of ice sheets and facilities utilized for the programs, (collectively "USCA Personnel"), or any USCA Personnel transporting the Participant to or from the facilities utilized for the programs against any claim by or on behalf of the Participant as a result of the Participant's involvement in the program. Parent/Guardian hereby authorizes the Participant to be transported by USCA Personnel.

Signature of Parent or Guardian _____ Date _____

FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

In case of an emergency occurring during the USCA camp or championship, if neither parent/guardian can be reached, I authorize a qualified and licensed medical physician to take all necessary measures in the treatment of the Participant named above.

Signature of Parent or Guardian _____ Date _____

THIS FORM IS TO BE FILLED OUT BY ALL USCA JUNIOR CURLING CAMP PARTICIPANTS AND ALL JUNIOR PLAYDOWN PARTICIPANTS AT CHECK-IN TIME