



Trailblazers Future All Stars Camp

Lewis & Clark Community College
5800 Godfrey Road • Godfrey, IL 62035

CONSENT & RELEASE

For: _____
[NAME OF STUDENT] [DATE]

Known Allergies: _____

Is your child able to fully participate in the activities described for this class? YES or NO

If not, please contact Men's Basketball Head Coach, Kavon Lacey at (618) 468-6290 to discuss.

CONSENT FOR MEDICAL TREATMENT

I grant my permission for Lewis and Clark Community College staff in charge of the activity in which my child is participating to arrange for medical treatment, including treatment by Lewis and Clark Community College Health Services staff and/or transportation to and admission at the closest hospital or treatment facility, when I cannot be reached and/or the staff or supervising medical personnel believes that immediate treatment is necessary to maintain the health and well-being of my child. I understand that insurance to cover medical expenses incurred as a result of participation is my responsibility. I also agree to assume full responsibility for the payment of all costs incurred for such medical treatment, necessary ambulance services, and other related costs.

.....
Signature of parent or guardian

.....
Date

EMERGENCY CONTACT INFORMATION

.....
Name of person to contact in case of emergency

.....
Phone

.....
Relationship to student

.....
Alternate Phone

PHOTO RELEASE

I hereby consent that the audio/visual recordings and/or photographs taken of my child by a representative of Lewis and Clark Community College while enrolled as a Trailblazers Future All Stars Camp participant may be used by the College without further consideration for use in college-related publications or projects (online, print, or other media).

.....
Signature of parent or guardian

.....
Date

FUTURE Trailblazers Future All Stars Camp INFORMATION

I hereby consent that Lewis and Clark Community College may contact me regarding future athletics camp activities and classes by providing my email address below.

.....
Email Address

STUDENT PICK UP & DROP OFF

****Please include names as they appear on driver's license or state issued ID.****

I give permission for my child to leave Lewis and Clark Community College or its designated class site with the following people. I agree to contact College staff if I need to make any amendments to this list prior to the end of my child's class. I understand my child will not be released to any individual unless listed below.

..... Name of individual Relationship to Student Phone
..... Name of individual Relationship to Student Phone
..... Name of individual Relationship to Student Phone

ACKNOWLEDGMENT AND RELEASE

As the parent/guardian, I recognize and acknowledge that there are certain risks of physical injuries, including death, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with the camp activities. I assume such risks and agree to bear responsibility for any such injury, damage or loss. I waive and release and hold harmless Lewis and Clark Community College, its officers, agents, servants, and employees from any and all claims, causes of action or damages resulting from said injuries, damages, or loss which may accrue on account of my child's participation. I further agree to indemnify and hold harmless and defend Lewis and Clark Community College, its officers, agents, servants, and employees from any and all claims, causes of action, damages, judgments, settlement, costs and expenses resulting from injuries, including death, damages, and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of this program.

.....
Signature of parent or guardian Date

