

Return this application with your payment. Please print or type.

Camper name _____
Address _____
City _____ State _____ ZIP _____
County _____ Phone number _____
Parent's name _____
School attending in 2016-17 _____
Gender _____ School city _____
Grade in Fall, 2016 _____ Graduation year _____
Height _____ Weight _____ Age _____
E-mail _____
Position _____ Shirt size (XS-XXL) _____
How did you hear about us? (circle all that apply)
Brochure _____ Web _____ High school coach _____ CMU coach _____
Other _____

Consent to Treat Please print or type.

Camper name _____
List any medical conditions that camp personnel should be aware of.* _____
List any medications currently taking* _____
*(Please attach additional pages as necessary)
Contact information in case of emergency:
Contact name _____ Phone Number _____
Contact name _____ Phone Number _____
Medical insurance company _____
Insurance policy number(s) _____
Insurance phone number _____
I hereby give my permission for CMU sports medicine staff athletic trainers, Central Michigan University Health Services and McLaren-Central Michigan to provide any needed medical treatment for my son/daughter while he/she is attending sports camp. I specifically give my permission for necessary emergency care to be given to _____ (name of camper) by McLaren-Central Michigan and other medical treatment providers. I attest that my son/daughter had a physical within the last 12 months and the physical disclosed no medical conditions, other than those listed on this consent to treat, that would make participation in this sports camp a risk.
Parent or guardian signature _____ Date _____

Please enroll me in the following camp/clinic:

Sport _____
Camp/Clinic Name _____
Camp/Clinic Dates _____ Cost _____
Please check which type of camp this is: Boarding Commuting
Make checks payable to Central Michigan University
Please charge my: VISA MasterCard Discover American Express
Your credit card authorization allows CMU to initiate full payment of the camp.
Card number _____ Exp. date _____
Billing Zip Code _____
Signature _____
Printed name _____

Waiver of Liability

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless CMU, its Board of Trustees, students and employees from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the university's employees. CMU is not responsible for lost or stolen property.

Parent or guardian signature _____ Date _____

Photographic Release Form

I, the parent or legal guardian of a child participating in Sport Camp/s sponsored by Central Michigan University ("CMU"), hereby authorize CMU and those acting pursuant to its authority to: (a) Record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, Internet/WWW or any other form now or hereafter developed) these recordings for any purpose that CMU, and those acting pursuant to its authority, deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of CMU.

Parent or guardian signature _____ Date _____

Medical care and camp conduct

Each clinic participant must have received a physical examination within a year before attending camp and must be certified by his/her physician as physically able to participate in sports camp. CMU will provide a fully qualified trainer during instruction times.

Medical bills are the responsibility of the participant's parent or guardian. CMU carries excess medical insurance with limits up to \$2,000 per accident per participant, subject to a \$500 deductible. This means the coverage is in excess of the participant's own insurance, or in excess of a \$500 deductible, whichever amount is greater. The deductible and any other medical expenses not covered by insurance are the responsibility of the participant's parent or guardian.

Campers must attend all sessions unless excused for medical reasons. Campers who do not follow conduct rules of the camp will be dismissed without a refund. Use of drugs or alcohol is prohibited.

CMU is not responsible for lost or stolen property

CMU is an AA/EQ institution (see www.cmich.edu/aaeo). For ADA accommodations, call 989-774-2151 at least one week before the event.

CMUCHIPPEWAS.COM



Camp: VB

Name of Camper: _____ DOB: _____

Consent to Treat

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY) _____

List any medication currently taking: _____

List any allergies: _____

In case of emergency please contact:

Name

Daytime phone

Name

Nighttime phone

Medical Insurance Company

Phone

Insurance Policy Number(s)

I hereby give my permission for CMU sports medicine staff athletic trainers, McClaren – Central Michigan to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to _____ (name of camper) by McClaren – Central Michigan and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

Signature (Parent or Guardian)

Date

Photographic Release Form

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Signature (Parent or Guardian)

Date

Please mail or fax to: CMU Volleyball, Rose 100, Mt. Pleasant, MI 48859

Fax Number: (989) 774-2540

CMU is not responsible for lost or stolen property

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

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. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

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