



APPLICATION CAMPS/CLINIC/PROGRAM

Applicant's Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Age _____ Gender _____ T-shirt Size _____ child/
adult • Not all programs issue a T-Shirt

Telephone: Daytime _____ Evening _____ Cell _____

Camp/Clinic/Program _____

Email Address _____

Health Insurance Provider _____ Plan # _____

Local Agent Telephone _____

Allergies to Medication _____

Required Medication _____

Other Medical Problems _____

Immunization information required for Summer Camps Only:

| Immunization | Date Received | Immunization | Date Received |
|---------------|---------------|--------------|---------------|
| Diphtheria | _____ | Pertussis | _____ |
| Tetanus | _____ | Mumps | _____ |
| Poliomyelitis | _____ | Rubella | _____ |
| Measles | _____ | | |

Camp/Clinic/Program Week _____

Cost (see specific sport program) \$ _____

Amount Enclosed (Please send separate checks for each child/camp) \$ _____

Personal checks or money orders only please, made payable to Stevens Athletics. Deposits are Non-Refundable.

Mail to: Stevens Athletics Department, 1 Castle Point on Hudson, Hoboken, NJ 07030

I certify that _____ (print applicant name) is in good physical condition and can participate in the Stevens Camp/Clinic/Program. Participation in any athletic program includes a risk of injury which may range in severity from minor to long-term catastrophic, even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Stevens does not screen applicants of these programs for illness, injuries, allergies or other medical conditions, which would prevent or limit participation in any athletic or outdoor program. It is the responsibility of the parent or guardian to evaluate the applicant's ability to participate in any Stevens Camp/Clinic/Program.

I, _____ (print parent/guardian name), authorize Stevens to administer treatment in any emergency situation requiring medical attention. I also understand that such treatment becomes my sole financial responsibility. I hereby waive and release Stevens, and its Instructors and Employees, from responsibility for any injury or illness occurring while attending the Camp/Clinic/Program. This includes any transportation and emergency treatment.

Signed this _____ day of _____

Parent/Guardian

Address _____ City _____ State _____ Zip _____

Stevens and all staff, including medical staff, will not administer any medication, either prescription or non-prescription, without notification on this application or a separate note by a parent or guardian.