

**Jovan Vavic Water Polo Camp, Inc.**  
**ASSUMPTION OF RISK/RELEASE FROM LIABILITY**

I, the undersigned, as the parent or legal guardian of a minor child, \_\_\_\_\_  
I hereby acknowledge that the afore named child is covered by medical insurance as follows:

Insured \_\_\_\_\_ INSURED SS # \_\_\_\_\_

(Name of person under which the policy was issued)  
Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance billing address and 24hr consent Phone #: \_\_\_\_\_

The undersigned hereby releases the **University of Southern California** and the **Jovan Vavic Water Polo Camp, Inc.** its successors, assigns, officers, agents and employees, from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the participation of the afore named child in the Jovan Vavic Water Polo Camp.

**Signature** of Parent or Legal Guardian \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Printed Name: \_\_\_\_\_

**CONSENT FOR TREATMENT OF A MINOR**

I, the undersigned, as the parent or legal guardian of a minor child, \_\_\_\_\_  
(Name of child), hereby authorize the designated camp physician or emergency medical personnel to perform such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child. It is distinctly agreed and understood that the medical personnel participating in the care of my child shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all claims and demands whatsoever which may arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows. I am bound to hold the medical personnel harmless from any and all consequences of such treatment, diagnosis, or surgery provided that these duties are performed with ordinary care and to the best of their ability.

**Signature** of Parent or Legal Guardian \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Printed Name: \_\_\_\_\_

**MEDICAL INFORMATION**

In case of emergency, we can be reached at: Home:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name and address of person responsible for medical bills: \_\_\_\_\_

My child is allergic to (Medication) \_\_\_\_\_ food \_\_\_\_\_ other \_\_\_\_\_

My child may be given Tylenol for minor headaches \_\_\_\_\_ yes \_\_\_\_\_ no, Advil: \_\_\_\_\_ yes \_\_\_\_\_ no

My child may be given pepto bismal for minor upset stomach: \_\_\_\_\_ yes \_\_\_\_\_ no

Please fill in if your child is currently taking any prescription medicine:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date of exam: \_\_\_/\_\_\_/\_\_\_ Date of last tetanus immunization: \_\_\_/\_\_\_/\_\_\_

**PHYSICIAN'S STATEMENT**

I hereby certify that I have examined \_\_\_\_\_ (name of camper) and found him/her physically fit to attend and participate in the Jovan Vavic Water Polo Camp, Inc.. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and /or comments: \_\_\_\_\_  
(Attach additional page if necessary)

Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
(Please print or type) street city state

Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Doctor's Signature:** \_\_\_\_\_

**MEDICAL CONSENT AND ATHLETE INFORMATION FORM**

An "Assumption of Risk/Release from Liability", "Consent for Treatment of a minor", "Medical information", and "Physician's Statement" form must be completed and returned to us before an Athlete will be permitted to participate in the camp. Please return this form as soon as possible. Copies of High School PE physicals maybe used in place of the Physician's form.

Athletes will be taken to the USC Health Center for Medical problems. Parents or guardians are responsible for the cost of medical services provided to the camper. The Health Center does not accept insurance but will provide a receipt for your insurance company. During after hours, Athletes will be taken to the local Orthopedic Hospital. **Every effort will be made to contact the parent before treatment**, in the event that the parents may wish to take the Athlete to their own Physician.

It is necessary that the parent or guardian be as candid as possible with the camp administration regarding any problems either medically or psychologically oriented which may restrict the camper or require special handling. Please help us to help your child.

All medications to be dispensed by the camp staff must be submitted at registration, with written permission to camp staff, and specific instruction on dispensing of medication. (time, quantity, etc.)

**\*All prescription medication must be in an original container with the Athletes name on it.**

**\*All over the counter medicine must be in original packaging**

**Please mail back the form By May 15th to:**  
**Jovan Vavic Water Polo Camp, Inc.**  
**3324 Seaclaire Dr.**  
**Rancho Palos Verdes, CA 90275**