

Youth Programs - Emergency Information

PROGRAM NAME: Georgia Southern Golf Boy's Prospect Camp

DATE(S) OF PROGRAM: July 24th & 25th, 2026

Participant's Full Name _____ M/F _____

Mailing Address _____ City, State and Zip _____

Date of Birth _____

MEDICAL AUTHORIZATION

Prior to participation in the Program, parents or legal guardians of all participants are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature. Please include a copy of the appropriate insurance card(s).

I certify that I am the parent or legal guardian of the above-named child. I understand that Georgia Southern University may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional, during my child's participation in this activity, with the understanding that the cost of any such treatment will be my responsibility.

I am aware that Georgia Southern University does not provide insurance for my minor child, and that I am solely responsible for any medical costs arising out of my minor child's participation in the above-referenced program. I agree to indemnify and hold harmless Georgia Southern University, the Board of Regents of the University System of Georgia, the State of Georgia, and the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors (hereinafter referred to collectively as "University") for any costs incurred to treat my child, even if University has signed hospital documentation promising to pay for the treatment due to my unavailability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and hold harmless for any and all purposes University from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, and including injuries sustained as a result of negligence of the University.

I understand that in accepting this document, the University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee, or volunteer. I understand and intend that this waiver is binding upon me, the members of my family, my spouse, and my heirs, executors, administrators and assigns. I expressly agree that this document is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this document or to my child's participation in this program shall be had only in a tribunal of competent jurisdiction in Fulton County, Georgia.

Signature of Parent or Guardian (for students under 18)

Date

Printed Name of Parent or Guardian

Daytime Phone

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HEALTH RECORD

PHYSICIAN INFORMATION

Name of participant's physician: _____ Physician's phone numbers: _____

Is participant presently under the care of the physician? _____

Date of last tetanus booster (Month/Year): _____

HEALTH CONDITION

Please list any medication being taken: _____

Is there anything you need us to know about your child, including any allergies or conditions, for which he/she might need accommodations?

TREATMENT PRECAUTIONS

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment? If yes, please explain:

INSURANCE INFORMATION

Name of Insured: _____

Carrier: _____

Policy Number: _____

Please describe emergency coverage: _____

***Please Note:
GSU staff members are not permitted to
administer medication***

EMERGENCY CONTACTS:

Name _____

Daytime Phone _____

Relationship to participant _____

Nighttime Phone _____

Name _____

Daytime Phone _____

Relationship to participant _____

Nighttime Phone _____