



Participant registration must be completed and returned prior to the youth camp/program/event enrollment dates for youth to be permitted to participate.

### Personal Information

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F  
 Specify program your child will be attending \_\_\_\_\_ Date(s) of Program \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Is physician authorization needed? \_\_\_\_\_

### In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_

If you believe your child may need accommodations to participate in this program, please let the Program Director know as soon as possible.

### Health History [Please check and provide approximate dates that youth suffered from allergies and other conditions listed below]

#### Allergies

HayFever Bee/WaspStings InsectStings Penicillin Peanut Other Food/Drugs: \_\_\_\_\_

#### Other

Asthma Diabetes Convulsions Concussion Behavioral/Emotional Other: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

Please list any **major** past illnesses (contagious and non-contagious): \_\_\_\_\_

Please list any **major** operations or serious injuries (include dates): \_\_\_\_\_

Has the youth ever been hospitalized? NO YES If YES, explain: \_\_\_\_\_

Does the youth have any chronic or recurring illness? NO YES If YES, explain: \_\_\_\_\_

Is there anything else in youth's health history that the program staff should know? \_\_\_\_\_

Are there any activities from which the youth should be restricted? NO YES If YES, explain: \_\_\_\_\_

Are there any specific activities that should be encouraged? NO YES If YES, explain: \_\_\_\_\_

Does the youth have any special dietary restrictions? NO YES If YES, explain: \_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? NO YES If YES, explain: \_\_\_\_\_

Will the youth need to take any medication during the program? NO YES

**If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.**

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

It is **NOT** permissible for a participant to share any medications with other participants.

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F

**If at all possible, medication should be administered at home.** Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications ONLY. Access to all medications will be limited to approved personnel. ***The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections, seizure medication).*** Penn State Youth Program staff will NOT purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

Penn State youth program does not carry over the counter medication. If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff will not dispense medications, but may monitor the self-administration of certain medications if necessary, ONLY upon written consent of the parent(s)/legal guardian(s) and /or physician's orders.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

I understand that, in accordance with Youth Program policy, any medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

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### **Head Injury**

Penn State Sport Camps staff will manage head injuries, including suspected concussions, conservatively using the 'ABC' (A-Assess the situation, B-Be alert for signs and symptoms, C-Contact a health care professional) recommendation of the Centers for Disease Control and Prevention (CDC).

This includes immediate removal of a camp participant from play upon sustaining a head injury and using appropriate field clinical techniques to screen a camp participant for typical signs and symptoms associated with a concussion. Upon presenting with any associated signs and symptoms of a concussion, the Sports Health Care staff will remove the participant from activity and notify the parent/legal guardian/coach.

**Penn State Sports Camps adheres to the notion that a licensed physician with training in managing traumatic brain injury will make the final recommendations and decision regarding returning a camp participant to play after a head injury with suspected concussion. Thus, Sports Health Care personnel will NOT make such decisions. Activity progressions following a concussion will not be implemented or supervised at sport camps.**

**If a camper is diagnosed with a concussion while at camp, they will not be progressed back into activity. Also, if a camper arrives at camp suffering from a current concussion, they will only be able to participate in limited activities with a note from a physician. NO further activity progression will happen during camp.**

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Penn State Sport Camps advocates that parents/legal guardians, coaches/administrators and camp participants alike review the CDC 'Heads Up' concussion training online tutorial at <http://www.cdc.gov/concussion/headsup/training/headsupconcussion.html> **BEFORE** attending related events on campus. Sport Camps also mandates that parents/legal guardians, coaches/administrators and camp participants review the corresponding 'Heads Up' fact sheet for parents, coaches and athletes (camp participants) respectively.

- Heads Up' Fact Sheet for Parents [http:// www.cdc.gov/headsup/pdfs/youthsports/Parent Athlete Info Sheet-a.pdf](http://www.cdc.gov/headsup/pdfs/youthsports/Parent_Athlete_Info_Sheet-a.pdf)
- Heads Up' Fact Sheet for Coaches [http:// www.cdc.gov/headsup/pdfs/youthsports/coaches\\_engl.pdf](http://www.cdc.gov/headsup/pdfs/youthsports/coaches_engl.pdf)
- Heads Up' Fact Sheet for Athletes [http:// www.cdc.gov/headsup/pdfs/youthsports/factsheet\\_athletes\\_ages14-18-a.pdf](http://www.cdc.gov/headsup/pdfs/youthsports/factsheet_athletes_ages14-18-a.pdf)

Accordingly, endorsing the Sport Camps Participation form affirms that parents/legal guardians and/or coaches/administrators have reviewed the 'Heads Up' fact sheet for athletes with camp participants **BEFORE** attending related events on campus.

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I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program.

I acknowledge and agree that attendance at any public event, including Youth Programs, involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). On behalf of myself and my child, I assume any and all such risk and acknowledge that such exposure or infection may result in personal injury, illness, severe complications, permanent disability, and/or death to my child or others. I agree on behalf of myself and my child to adhere to all applicable University policies including, but not limited to, those intended to mitigate the spread of transmissible illnesses. I understand it is my and my child's responsibility to practice basic health, safety, and sanitation measures to avoid contracting or spreading transmissible illnesses. I further agree that my child will not attend the event if they are symptomatic of any commonly spread transmissible illness.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for Penn State University Health Services staff or other licensed health care practitioners to perform any necessary emergency treatment.

I hereby authorize the clinical staff at The Pennsylvania State University ("Penn State" or the "University") (e.g., clinical staff at Penn State's University Health Services) or other licensed health care practitioners, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Youth Program/event.

I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. If treatment is provided by Penn State, I understand that the University charges for services and that it is my responsibility to pay the bill. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I also authorize Penn State to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, Penn State does not provide medical insurance to cover emergency care or medical treatment of my child.

Medical and Related Health Information Penn State is committed to protecting the medical and related health information about your child. Medical and related health information provided on this form will only be used as Penn State deems necessary to provide services for your child while participating in the Youth Program. Information will be stored, archived, and disposed of according to Policy AD35, University Archive and Records Management and Policy AD95, Information Assurance and IT Security. If there are any changes to your child's health, please contact the youth program.

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Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F

**Drop-Off and/or Pick-Up Authorization**

Please list the names of people including parent/legal guardian that have permission to drop-off and/or pick-up your child.

**Adult 1**

NAME: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Adult 3**

NAME: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Adult 2**

NAME: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Adult 4**

NAME: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

The above individuals will be asked to verify their identity by showing an official picture ID before your child will be released into their care.

If there are any legal issues related to custody that we should be aware of, please provide us with an updated court document stating as such. We will abide by legal documents only when dealing with children and custody issues. Otherwise, either parent has equal rights to their child.

**Special drop-off/pick-up Instructions:**

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**Sport Camps Release**

I have read and understand the refund policy as stated on the website. I have reviewed the Standards of Conduct [https://gopsusports.com/documents/2018/3/29/\\_psu\\_genrel\\_2017\\_18\\_misc\\_non\\_event\\_camps18conduct.pdf](https://gopsusports.com/documents/2018/3/29/_psu_genrel_2017_18_misc_non_event_camps18conduct.pdf) with my child, who agrees to follow this code. In accordance with NCAA guidelines, all Penn State University Sport Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participants.

**Title IX Policies & Procedures and Reporting Concerns**

All Penn State youth programs have policies in place to ensure the safety of youth participating in our programs, activities and services is not compromised. All program staff are trained in emergency protocols and all relevant internal, external, and parental reporting requirements.

Title IX prohibits sex discrimination (including sexual harassment and/or sexual abuse) against Youth Participants in any of the University's education programs or activities, including recreational and/or athletic programs or services operated by the University. Please click [here](#) to review the University's Title IX policy and procedures.

To report an incident of suspected sex or gender-based discrimination, please contact Penn State's Title IX Coordinator, using the contact information below:

Amber Grove, Title IX Coordinator  
212 Rider Building, 227 West Beaver Avenue, State College, PA 16801  
Phone: 814-867-5088  
Email: [alg6440@psu.edu](mailto:alg6440@psu.edu) or [titleix@psu.edu](mailto:titleix@psu.edu)

or submit the [Online Reporting Form](#)

Parents are encouraged to notify the program director immediately if they, or their child, are experiencing problems, difficulties, or concerns with the program, other youth in the program, and/or staff. You may also contact Sandy Weaver, Youth Programs Compliance Specialist at [stw126@psu.edu](mailto:stw126@psu.edu) or (814) 865-8785 or call the University's Ethics Hotline at 1-800-560-1637.

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F

**Codes of Conduct**

I understand that my child will be subject to the rules and standards of conduct of The Pennsylvania State University ("Penn State" or the "University") when participating in a University-sponsored program. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff or University employee may result in my child's dismissal from the Program.

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**Liability Release**

I/we, the undersigned, individual and as parent(s) and or legal guardian(s) of the above-named child, a minor, give permission to participate in this sport camp, sponsored by The Pennsylvania State University/Athletics located at University Park *and pursuant to the Acknowledgments set forth above*. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, officers, agents, and employees of and from all actions, causes, lawsuits, liabilities, damages, claims, or demands whatsoever on account of any injury, accident, or illness involving the said minor and/or me arising out of my child's participation in this sport camp.

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**Media Release (check one)**

I/we grant \_\_\_ do not grant \_\_\_ permission to The Pennsylvania State University and its agents or employees to use photographs and/or video, taken of my child from this event for use in promotional and educational materials and to use such photographs/video in publications, websites, articles, brochures, books, magazines, newsletters, exhibits, broadcasts, videos, films, social media, advertisements, and training programs in any form now known or later developed. I hereby agree to release, indemnify, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the materials in whole or in part, in any medium, from and against any claims, damages, or liability arising from or related to the use of the photographs/video.

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**Parent/Guardian Acknowledgment**

I have read and completed this registration prior to signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

**Parent/Legal Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_