



Cat Osterman Experience Health and Consent Form

Complete this form and fax to 888-897-7986 (or scan and email to docs@catsvillage.com).

Team Name _____ Coach Name _____

GENERAL INFORMATION This section to be completed by parent or guardian:

Child:

Last Name _____ First Name _____ Sex _____ DOB _____

Address _____

Parent/Guardian:

Last Name _____ First Name _____ Home Phone _____

Address _____ Cell Phone _____

Work Phone _____

If parent / guardian is coming to COE where are they staying:

_____ Phone # _____

Secondary Contact:

Last Name _____ First Name _____ Home Phone _____

Address _____ Cell Phone _____

Relationship _____ Work Phone _____

HEALTH HISTORY

Check any condition you have had

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Drug Dependency | <input type="checkbox"/> Measles | <input type="checkbox"/> Psychological/Counseling |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nephritis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> German Measles | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Hepatitis Type B | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Haemophilus Influenza Type B |

Please explain any items checked _____

Please list all allergies including any medications _____

Please list current medications and treatments _____

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

IMMUNIZATION HISTORY Most recent date of immunization

MMR ___/___/___
Polio ___/___/___
DPT ___/___/___

Hepatitis B Series completed ___/___/___
Haemophilus Influenza Type b ___/___/___
Chicken Pox (Varicella) vaccine date ___/___/___

A copy of immunization history is acceptable.

INSURANCE INFORMATION

Insurance company _____ Phone Number _____

ID # _____

*****Please attach a photocopy of your insurance card.*****

CONSENT FOR TREATMENT

This health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted. In the event of serious illness or injury, I hereby give Cat Osterman Experience permission to provide emergency treatment and referral to a hospital in the event I cannot be reached. I hereby give permission to the physician selected by the COE health director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of the COE facilities.

Signature of parent/ guardian _____ Date _____

MEDICAL EXAMINATION To be filled out by a physician, nurse practitioner or physician's assistant within 12 months of beginning of event.

Height: _____ Weight _____ Blood Pressure. _____ Pulse _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medications & Dispensing protocol _____

Can this camper participate in unrestricted recreational activity? YES NO

If no, explain: _____

Other Comments: _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in the Cat Osterman Experience activities, except as noted above.

Date _____

Address _____

Provider printed Name _____

Signature _____

Telephone _____

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

DISCLAIMER: CAT OSTERMAN EXPERIENCE (COE) AND AFFILIATED COMPANIES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER MANNER INVOLVED IN COE ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE COE OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of being allowed to participate in any way in the Cat Osterman Village sports program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE OR CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my or my child's participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern or hazard during my presence, participation and/or child's readiness for participation and/or the program itself, I will remove myself or child from participation and bring such to the attention of the nearest official immediately; and,
- 4) I give Cat Osterman Experience or its designee the irrevocable right to take and use my name, picture, likeness, photograph, film, videotape, interviews and/or verbal statement in all forms and media and in all manners for any advertising, promotional, Internet (website, webcasting and broadband broadcasting), TV and/or any other publicity purposes of Cat Osterman Experience. I waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use, including any written copy that may be created in connection with such use; and,
- 5) I, for myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CAT OSTERMAN EXPERIENCE their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
- 6) I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Nebraska and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the state of Nebraska

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Sign below if you are an Adult Participant, Coach or Umpire:

X _____ Date: _____
(Participant's Signature)

Team: _____ Coach _____

**SIGN BELOW FOR PARENT/GUARDIAN OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
(Parent/Guardian Signature) (Print Name of Parent/Guardian)

Team: _____ Coach _____

Date Signed: _____ Emergency Phone Number: _____

Sign below if you are the PARTICIPANT:

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
(Participant Signature) (Print Name)

Team: _____ Coach _____

Date Signed: _____