

NIKE REGIONAL SKILLS ACADEMY CAMPER RELEASE FORM

I understand that participation in or attendance at the Nike Junior Elite Regional Skills Academy involves inherent risks and dangers of accidents. These may result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the facilities, equipment, or vehicles. Further, there may be other risks not known to me or reasonably foreseeable at this time. I understand and I have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks.

I agree to hold harmless the Nike Junior Elite Regional Skills Academy, Nike, its employees, agents, representatives, coaches, volunteers, and athletic trainers from and against any and all claims, demands, losses, or liabilities of any kind or nature which may arise in connection with injuries suffered while participating in the Nike Junior Elite Regional Skills Academy, except for injuries resulting from negligence or willful misconduct of Nike Junior Elite Regional Skills Academy, its officers, agents, or employees.

I understand that Nike and others involved in the Nike Junior Elite Regional Skills Academy do not provide any insurance, either life, medical, or liability, for any illness, accident, injury, loss, or damage that may arise in connection with participation in or attendance at the Nike Junior Elite Regional Skills Academy. If I want insurance of any kind, I must obtain my own. I will pay for any medical emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury incurred in connection with the Nike Junior Elite Regional Skills Academy.

Additionally, I hereby grant permission to Nike Junior Elite Regional Skills Academy team physicians, and/or their consulting physician, and/or athletic trainers at Nike Junior Elite Regional Skills Academy, who are under the guidance of the team physician to render any preventative, first-aid, rehabilitative, or emergency treatment that they deem reasonably necessary to the health and well-being of the camper or myself. Also, when necessary to executing such care, I grant permission for hospitalization at an accredited hospital.

Camper Name _____

Camper Signature _____

Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

2008 NIKE REGIONAL SKILLS ACADEMY
PLAYER INVITATION RESPONSE SHEET

Name _____

Please circle one: I ACCEPT or I CANNOT ACCEPT your invitation to the Nike Junior Elite
Regional Skills Academy

If you accept the invitation, please print or type the following information:

Birthdate _____ Expected Graduation Year _____

Position _____ Height _____ Weight _____ Shirt Size _____

Short Size _____

Home Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Legal Guardian _____ Relationship _____

Home Phone _____ Home Fax _____

Daytime Phone(s) _____ Email _____

School _____

School Address _____

City _____ State _____ Zip Code _____

School Phone _____ School Fax _____

High School Coach _____ Home Phone _____

Summer Team _____

Summer Coach _____

Home Phone _____ Work Phone _____

Player Signature _____

Parent/Guardian Signature _____

**Please Fax Completed Form to Nike Regional Skills Academy
Fax Number 219-980-8168**

**NIKE REGIONAL SKILLS ACADEMY
CAMPER MEDICAL QUESTIONNAIRE**

Camper Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () Fax () _____

Date of Birth _____ Soc. Sec. No. _____

In an emergency, please notify _____

Relationship _____

Home Phone () Work Phone () _____

City _____ State _____ Zip _____

Other emergency contact _____

Relationship _____

Home Phone () Work Phone () _____

Insurance Co. _____ Policy No. _____

Subscriber _____

Please submit a photocopy of the front and back of your insurance card.

Medical Information:

Date of last physical exam _____

Name of physician _____ Phone No. () _____

Physical recommendations/restrictions _____

Diet _____

Current medications _____

Physical activities _____

Family medical history (list all family diseases; for example, diabetes, tuberculosis, epilepsy) _____

Personal history (check those of the following diseases or conditions the camper has had)

_____ Allergy injections _____ Anemia _____ Bronchitis _____ Chicken pox _____ Mumps _____

Diabetes _____ Congenital/heart problems _____ Diphtheria _____ Eczema _____ Emotional disorder _____ Epilepsy _____ TB contact _____ Frequent colds _____ Speech defect _____

Hives _____ Frequent sore throat _____ Hay fever _____ Tonsilitis _____ Infectious jaundice _____

_____ Kidney disease _____ Hepatitis _____ Mononucleosis _____ Tuberculosis _____ Sinusitis _____

_____ Rubeola (english/red) _____ Rubella (german) _____ Otitis media _____

_____ Hearing impairment _____ Rheumatic fever _____ Measles _____

_____ Rheumatoid arthritis _____ Whooping cough _____ Scarlet fever _____ Poliomyelitis _____

_____ Pneumonia _____ Malignancy _____ Orthopedic _____ Seizure disorder _____

None of the above _____

Operations and dates _____

Severe injuries and dates _____

Medications taken at present _____

Any drug or food allergies _____

Medical problems _____

Date of last tetanus shot _____

I verify that the information is true and has been completed to the best of my knowledge.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

NIKE REGIONAL SKILLS ACADEMY CAMPER TRAVEL QUESTIONNAIRE

Camper Name _____

Daytime Phone () Home Phone () _____

Please provide both your ARRIVAL and DEPARTURE information below. All campers are required to arrive in Merrillville before _____ p.m. on _____, June _____ and to depart on _____, June _____, after _____.

ARRIVAL INFORMATION

1. I will travel to Merrillville by (please circle one):

Airplane Bus Train Car

2. My flight, bus, train, or car will arrive in Merrillville on _____ (Date) at _____ (Time).

3. The arriving flight, bus, or train information is

_____ (E.g., Delta flight #2160 or Greyhound Bus #455)

4. The following people will be traveling with me _____

DEPARTURE INFORMATION

1. I will depart Merrillville by (please circle one):

Airplane Bus Train Car

2. My flight, bus, train, or car will depart Merrillville on _____ (Date) at _____ (Time)/

3. The departing flight, bus, or train information is _____
(E.g., Delta flight #2160 or Greyhound Bus #455)

Parents, please note: If you are flying with your child to Merrillville, please plan to make your own arrangements for local transportation.

Additional Comments _____

Camper's Signature _____

Parent/Guardian Signature _____