

Bears Football Club of Monument (BFCOM)

Sports Camp Medical Form / Parental Release & Insurance Information

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian. Participants will NOT be allowed to participate without a completed form.

IMPORTANT ORGANIZATIONAL NOTICE

Bears Football Club of Monument (BFCOM) operates independently of Lewis-Palmer School District #38. Use of school facilities does not imply district sponsorship, control, or liability.

WARNING

Participation in football and related athletic activities involves **inherent and significant risks**, including but not limited to: Sprains, fractures, and musculoskeletal injuries; Head injuries, including concussions and traumatic brain injury; Heat-related illness; Permanent disability or death

By signing this form, the participant and parent/guardian acknowledge and voluntarily assume **all risks, known and unknown**, associated with participation. Participants agree to: Follow all rules and instructions; Use equipment properly; Immediately report injuries or unsafe conditions.

By signing this form, you acknowledge that you have read and understand this warning. If you do not accept these risks, do not sign.

Participant Information

Participant Name: _____ Date of Birth: _____

Sport(s): _____ Camp Date(s): _____

Medical History

Is the participant allergic to any of the following?

Medications – Insect Bites – Foods – Other

YES NO

If yes, explain and list protocol:

Is the participant currently taking medication?

YES NO

If yes, list medications : _____

Is the participant currently being treated for injury/illness?

YES NO

If yes, describe: _____

Medical Conditions (circle all that apply):

Rubella – Measles – Mumps – Chicken Pox – Pneumonia – Diabetes – Epilepsy – Heart Condition

Other: _____

If participant has a history of serious illness/injury, a physician's note is required.

I certify that the participant is physically able to participate in all camp activities hosted by **Bears Football Club of Monument**.

Parent/Guardian Signature: _____ Date: _____

Parental Release & Insurance Information

I give permission for the above participant to attend and participate in camps hosted by **Bears Football Club of Monument (BFCOM)**. I authorize camp staff to provide first aid and emergency care as necessary. In the event I cannot be reached, I authorize necessary medical treatment.

I HEREBY:

In consideration for being allowed to participate in activities hosted by **Bears Football Club of Monument**, the undersigned agrees as follows:

1. Waiver and Release of Liability

To the fullest extent permitted under Colorado law, I hereby **release, waive, discharge, and covenant not to bring legal action against:** Bears Football Club of Monument (BFCOM); Its officers, directors, board members; Coaches, volunteers, staff, and agents; Facility providers and affiliated organizations from any and all liability, claims, demands, or causes of action arising from **ordinary negligence or participation in camp activities.**

2. Assumption of Risk

I understand and acknowledge that football is a **contact sport** with inherent risks. I voluntarily accept and assume all such risks on behalf of my child.

3. Indemnification Clause

I agree to **indemnify and hold harmless** BFCOM and its representatives from any claims, damages, or expenses (including attorney fees) arising out of: Participant’s actions; Failure to follow rules; Any third-party claims related to participation.

4. Medical Authorization & Financial Responsibility

I authorize BFCOM staff to obtain emergency medical care if necessary. I agree that: All medical costs are my responsibility; BFCOM does not provide primary medical insurance.

5. Concussion & Injury Protocol Acknowledgment

I acknowledge that: Football carries a risk of concussion; Participants suspected of injury may be removed from play; Medical clearance may be required before return.

6. Behavior & Participation Agreement

BFCOM reserves the right to remove any participant for: Unsafe behavior; Disruptive conduct; Failure to follow instructions. **No refunds are guaranteed upon removal.**

7. Photographic & Media Release (Recommended Addition)

I grant permission for BFCOM to use photographs or video of my child for: Promotional materials; Social media; Program marketing. (Opt-out:)

8. Severability Clause

If any portion of this agreement is deemed unenforceable, the remaining provisions shall remain in full force and effect.

9, Health Requirement Notice

Participants must arrive in good health. Camp staff are not responsible for managing pre-existing conditions.

Insurance Information

Insurance Company: _____

Address & Phone: _____

Holder Name: _____

Policy Number: _____

Group Number: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____