

SUMMER LEAGUE HEALTH FORM

Attending what league

ANY PERSON REGISTERING FOR ANY SUNY ORANGE CAMP PROGRAM MUST COMPLETE THIS ENTIRE FORM INCLUDING THE SIGNATURE OF A PARENT OR GUARDIAN, AND RETURN IT TO THE ATHLETIC DEPARTMENT WITH THE ATTACHED APPLICATION FORM. This information is strictly for the use of the Health Center and the Athletic Department. It will not be released to anyone without your knowledge and consent.

Last Name	M	F
	First Name	
		Age

Name and relationship of person to be notified in case of emergency

Emergency Phone Number	Business Phone
	And/Or Home Phone

Personal Physician	Address
	Phone

AUTHORIZATION FOR FIRST AID OR EMERGENCY TREATMENT

I do hereby authorize Orange County Community College to provide first aid treatment and in case of emergency, I authorize the transportation and the treatment necessary by a physician and/or at a hospital. I shall assume any expenses which arise.

Signed _____
Applicant, if 18 years or older

Signed _____
Parent or guardian if applicant under 18 years of age

This form not valid without signature