

**91 SCHS State Champions, 11 National Champions and 3 "Team USA" (World Team) since 1998.**



# RUSTY SHEALY POLE VAULT CAMPS



For more information go to [www.ShealyAthletics.com](http://www.ShealyAthletics.com), or call us at 803-315-5998.

## Parental Consent Form

Bring your own poles if possible, however we have poles if needed. — No refunds if dismissed for disciplinary or injury reasons. — No refunds for no-shows.

### PARENTAL CONSENT

I, or we, hereby grant permission for Shealy Athletics/Rusty Shealy Pole Vault, LLC to use athlete's name, photographs and/or videotape of related camp activities for advertising or educational purposes in any media production.

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Coach \_\_\_\_\_ Coach Email \_\_\_\_\_

Best meet vault \_\_\_\_\_ Second best meet vault \_\_\_\_\_

Health and Accident Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Parent/Guardian Name(s) Printed \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the camp? ☐ Friend, ☐ Coach, ☐ Internet search, ☐ Vaulting Magazine, ☐ PVP, ☐ Coach Shealy, ☐ Other (explain)

\_\_\_\_\_

Please mail the "Parental Consent", "Waiver and Release" and "Camp Medical History and Emergency Contact" forms with check payable to: **RUSTY SHEALY POLE VAULT, LLC, 121 Crockett Road, Columbia, SC 29212...** All three forms are required to participate. You may also choose the online option to pay by credit card.

*We also offer weekly Rusty Shealy Pole Vault Clinics and well as private clinics and camps, for individuals or schools. The RSPV camps/clinics schedule can be found online at [www.ShealyAthletics.com](http://www.ShealyAthletics.com). For additional information contact Rusty at (803) 315-5998, or email at [rusty@shealyathletics.com](mailto:rusty@shealyathletics.com).*



# **RUSTY SHEALY POLE VAULT CAMP**



## **CAMP WAIVER AND RELEASE OF LIABILITY AGREEMENT**

(This document is required to be on file prior to athlete participation.)

In consideration for my child being permitted to participate in the Rusty Shealy Pole Vault Camp (a privately owned camp by Rusty Shealy Pole Vault, LLC), related events and activities, the undersigned acknowledge and agrees that: as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend Rusty Shealy Pole Vault, LLC, the camp hosts, school districts and its members of the Board of Trustees, individually and collectively, their officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in the Rusty Shealy Pole Vault Camp, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law.

The risk of serious injury to my child from these camp activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that my child's participation in these activities is solely at our own risk and I assume full responsibility. I hereby further declare that my child has had a physical examination within the past one (1) year and is physically able to participate in all camp activities. Moreover, I hereby understand and affirm that the camp only provides for excess medical insurance and any charges including deductibles related to the medical care provided to my child will be the responsibility of my primary insurance carrier or me.

**I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS CAMP WAIVER AND RELEASE OF LIABILITY AGREEMENT.**

---

Parent/Guardian Name (Print)

---

Participant Name (Print)

---

Parent/Guardian Signature (Required)

---

Date

Please mail the **"Parental Consent"**, **"Waiver and Release"** and **"Camp Medical History and Emergency Contact"** forms with check payable to: **RUSTY SHEALY POLE VAULT, LLC, 121 Crockett Road, Columbia, SC 29212...** You may also email to [rusty@shealyathletics.com](mailto:rusty@shealyathletics.com), or bring with you day of the camp. All three forms are required to participate.

For more information contact Rusty Shealy at (803) 315-5998, or email to [rusty@shealyathletics.com](mailto:rusty@shealyathletics.com).

# RUSTY SHEALY POLE VAULT CAMP

## Camp Medical History and Emergency Information Form

Participant's Last Name	First Name	Social Security #
-------------------------	------------	-------------------

Home Address	City	State	Zip Code
--------------	------	-------	----------

Birth Date	Home Phone #	Work Phone#	Blood Type
------------	--------------	-------------	------------

**Health / Special Needs Information:**

1. Do you have any health conditions (e.g., allergies, chronic conditions), or special circumstances (religious convictions or legal arrangements), as well as other medical or food allergies which may affect program participation or that we should know about prior to emergency treatment?

2. Do you have any disability / special needs (e.g., visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodation? If yes, please explain.

**Medications:**

1. Please list any medications you are currently taking.

Prescription	Dosage	Doctor	Special Instructions
--------------	--------	--------	----------------------

**Medical Authorization:**

1. The camp staff is authorized to provide or to arrange for any medical treatment my child may need during the course of this camp in the event of an accident, injury or illness. I understand and agree to be responsible for any and all costs associated with such medical services. Furthermore, I hereby confirm that my child has received a medical examination within one (1) year of the scheduled camp date and that his/her doctor has cleared said child for camp participation.

2. In addition to authorizing medical care, I hereby understand and affirm that the camp only provides for excess medical insurance and any charges including deductibles related to the medical care provided to my child will be the responsibility of my primary insurance carrier or me. The primary insurance carrier and policy information that covers my child is as follows:

Your Insurance Carrier	Name Policy Holder	Policy Number
------------------------	--------------------	---------------

3. Emergency Contact Information: Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Dispensing of Medications:**

If your child will be under the age of 18 while attending camp, it is camp policy to secure your consent for medication distribution (prescribed and over the counter). The medication can be self-administered or be administered by the camp medical staff. All medications must be in its prescribed bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. **Please make sure that you mark one of the following below:**

\_\_\_\_\_ No medication has been brought to camp.

\_\_\_\_\_ Yes, I want the medication self-administered by my child.

\_\_\_\_\_ Yes, I want the medication administered by the camp medical staff. However, a limited amount of medication for life threatening conditions may be carried by my child (i.e., inhalers, epipens, bee sting kits, etc).

Name of Medication(s)	Doctor's Name & Phone Number
-----------------------	------------------------------

How and amount to be taken	Special Instructions
----------------------------	----------------------

Parent/Guardian Name (Print)	Parent/Guardian Signature (Required) & Date
------------------------------	---