

The University of Texas at Austin
Youth Protection Program Consent for
Treatment/Immunizations of a Minor

FOR UNIVERSITY HEALTH SERVICES USE ONLY

Patient Name:
Medical Record #:
DOB: Gender:
Provider: Date:

This form must be completed and returned to the camp director prior to the program start date.

Personal Information

Camper's Last Name Waters First Name Whitney Birthdate 05/07/2010 M F
Specify program your child will attend Texas Soccer Camps
Address 4000 Currywood Circle City Austin State TX Zip 78759
Home Phone 5127712775 E-mail Address melwaters24@gmail.com
Parent/Guardian 1 Melanie Waters Daytime Phone 5127712775 Place of employment home
Parent/Guardian 2 John Waters Daytime Phone 512-736-0260 Place of employment Blackbaud
Health Insurance Carrier Blue Cross Blue Shield Policy Number kbd613974130066 Plan Number scb15
Is physician authorization needed? Yes No Family Physician Daniel Terwelp Phone 512-345-6758

In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

- 1. Ed Brooks Phone: 512-461-6977
2. Betty Brooks Phone: 512-461-6955

Health History

Allergies: none Date of most recent tetanus immunization: 05/10/2010

Please list any major past illnesses (contagious and non-contagious): None

Please list any major operations or serious injuries (include dates): None

Does the youth have any chronic or recurring illness? No Yes If YES, explain:

Is there anything else in youth's health history that the camp staff should know?

Are there any activities from which the youth should be restricted? No Yes If YES, explain:

Does the youth have any special dietary restrictions? No Yes If YES, explain:

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes If YES, explain:

Pre-Activity Clearance Examination and Immunization Record

Is the camper's immunization record current showing that the camper has been immunized in accordance with the Texas Department of State Health Services Minimum State Vaccine Requirements or that of home state or providence? No Yes
If No, attach official documentation of TDHS exemption from immunizations for Reasons of Conscience or a Physician's Statement of medical contraindications.

I certify Whitney Waters (participant's name) has had a pre-activity clearance examination (physical) within the last 14 months. I know of no impairments, which would limit Whitney Waters (participant's name) participation in all camp activities. I further certify Whitney Waters (participant's name) if free from any contagious diseases.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of Whitney Waters (participant name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

DocuSigned by:
Melanie Waters
SIGNATURE OF PARENT/LEGAL GUARDIAN

2019-05-03 | 13:37:28 PDT
DATE

05/07/2010
CAMPER'S DATE OF BIRTH

Texas Soccer Camps
PROGRAM NAME

Will the youth need to take any prescription medication at camp? No Yes

If YES, please list the specific prescription medication below, reasons for medication, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

Will the youth need to take any over-the-counter medication at camp? No Yes

Ibuprofen (Advil) Yes No; Acetaminophen (Tylenol) Yes No;

Antacids / Anti-Nausea: Maalox Yes No; Throat / Cough Lozenges: Yes No

Allergies: Benadryl Yes No

Other Non-prescription Medication which may be administered: _____

I _____, the parent/guardian of _____ give permission to the staff of the _____ (camp/program name) to administer the prescription medications listed above.

The University of Texas at Austin sponsored Sports Camp's designated personnel will not dispense non-prescription (Advil, etc.) or prescription medication (antibiotics, insulin, inhalers, etc.) to the above named participant until the following information has been completed by a parent or guardian. I understand it is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

My child may possess and self-administer the following over-the-counter medicine:

_____ and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CONSENT TO TREAT A MINOR

I, the undersigned, as the parent or legal guardian of Whitney Waters (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

DocuSigned by:
Melanie Waters

2019-05-03 | 13:37:28 PDT

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Melanie Waters

PRINT NAME

I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules.

The University of Texas at Austin honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link <http://www.healthyhorns.utexas.edu/privacy.html> to the University Health Services Notice of Privacy Practices.

DocuSigned by:
Melanie Waters
C2CCF4189599432
SIGNATURE OF PARENT/LEGAL GUARDIAN

2019-05-03 | 13:37:28 PDT
DATE

Name of Program: Texas Soccer Camps

Camp Director: Alex Kraus

Camp Director Phone: 512-471-4624 Camp Director Fax: 512-471-3940

Camp Director Mailing Address: PO Box 7399
Austin, Texas 78713

The University of Texas at Austin Youth Protection Program Release and Indemnification Agreement

This form must be completed and returned to the camp director prior to the program start date.

Participant:

Camper's Last Name Waters First Name Whitney
Address 4000 Currywood Circle City Austin State TX Zip 78759

Description of Activity: Soccer camps, including but not limited to walking, jogging, sprinting, running, kicking, jumping, heading.

Location: Callaway House, Charles A. Wright (Whitaker) Fields, Mike A. Myers Stadium, Denius Fields Complex **Dates:** June 3 - July 17, 2019

I am the Parent/Guardian of Whitney Waters (participant name), who is under eighteen years of age and I Melanie Waters (parent/legal guardian) am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

I am fully aware that there are inherent risks to my child involved with this activity, including but not limited to cuts and scrapes, dehydration/heat stroke, sprains, and unintentional collision injuries like broken bones, concussions, permanent injury or possible death and I choose to voluntarily allow my child to participate in said activity with full knowledge that the activity may be hazardous to my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to my child, other participants, and third-persons as a result of my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

DocuSigned by:
Melanie Waters
C2CF4189599432
SIGNATURE OF PARENT/LEGAL GUARDIAN
Melanie Waters
PRINT NAME

2019-05-03 | 13:37:28 PDT
DATE

Name of Program: Texas Soccer Camps
Camp Director: Alex Kraus
Camp Director Phone: 512-471-4624 Camp Director Fax: 512-471-3940
Camp Director Mailing Address: PO Box 7399

**The University of Texas at Austin
Youth Protection Program
Transportation Form**

Camper's Name: Whitney Waters
Program Name/Session: Texas Soccer Camps

*Below are options for the transportation of your minor to and from camp.
Please check the appropriate transportation option as it pertains to your minor and provide required signatures.*

Parent/Legal Guardian Drop-Off/Pick-Up

I Melanie Waters, the parent/guardian of Whitney Waters ("my child") will drop-off and pick-up my child from Texas Soccer Camps (camp/program name) during the duration of the program.

If I Melanie Waters, the parent/guardian of Whitney Waters am unable to pick-up or drop-off my child the person named below will be responsible for picking up my child.

I grant permission for the following people below to pick my child up from Texas Soccer Camps (camp/program name). *(This person is required to show photo identification to the designated camp personnel).*

Full Name	Phone Number	Driver's License Number (Required)	Expiration Date	Address
1. Rachel Troope	512-663-9194	34617640	03/27/23	4007 Hyridge Dr. Austin, TX 78759
2. John Waters	512-736-0260	02345651	04/10/25	4000 Currywood Circle Austin, TX 78759
3.				
4.				
5.				

DocuSigned by:
Melanie Waters
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SIGNATURE OF PARENT/LEGAL GUARDIAN

2019-05-03 | 13:37:28 PDT

DATE

Melanie Waters
PRINT NAME

Name of Program: Texas Soccer Camps

Camp Director: Alex Kraus

Camp Director Phone: 512-471-4624

Camp Director Fax: 512-471-3940

Camp Director Mailing Address: PO Box 7399
Austin, Texas 78713

Permission to Walk/Bus/Bike/Fly

I _____, the parent/guardian of _____ authorize and give consent to _____ (camp/program name) to release my child from _____ (camp/program name) without parental or guardian supervision and hereby consent, acknowledge and allow my child to walk bus bike fly to and from camp.

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for any and all illness or injury to my child's person, including his/her death, that may result from or occur during my child's walk, bus ride or bike to and from the camp without parental or guardian supervision, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF TEXAS AT AUSTIN CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

The University of Texas at Austin will not take custodial responsibility of the minor until they check-in to the program. Custodial responsibility of the minor will remain with the parents/legal guardians upon checkout from the program.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

Name of Program: Texas Soccer Camps

Camp Director: Alex Kraus

Camp Director Phone: 512-471-4624

Camp Director Fax: 512-471-3940

Camp Director Mailing Address: PO Box 7399
Austin, Texas 78713

Permission to Drive

Upon arrival, campers' car keys must be turned in to the program office. They will be returned at the end of the day for day-campers and at the end of the program for overnight campers. Campers may be responsible for all parking charges.

I _____, the parent/guardian of _____ give permission to my child to drive to campus to participate in _____ (program name). I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to campers who have been approved to drive to camp:

1. Campers must turn in their car keys to the program office each morning. The keys will be returned at the end of the day for day-campers and at the end of the program for overnight campers.
2. Campers are not allowed to provide rides to other campers.
3. Campers may not leave campus for lunch.
4. Campers may not leave the campus during the program.
5. All day-campers driving to and from camp will be required to check in with their counselor after arriving and before leaving each day.
6. Campers may be responsible for all parking charges incurred.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

Name of Program: Texas Soccer Camps

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Austin, Texas 78713

Permission for Camper Self Check-In/Check-Out (only for campers 15 years or older as of the first date of the camp/program)

I _____, the parent/guardian of _____ (camper/participant) have been made aware of the specific times the above named camp at The University of Texas at Austin begins each day/session and ends each day/session.

I authorize and give my consent to allow the above named camper/participant to check in and/or check out [each day/session] during the duration of the above named camp at The University of Texas at Austin. I give my consent for the above named camper/participant to arrive alone to camp and leave alone after check-out once the camp has concluded.

I acknowledge the above named camper/participant cannot leave the camp/program for any reason while in session, this only authorizes the above named camper/participant to check in independently at the beginning of the camp/program and/or check out independently at the conclusion of the camp/program.

In signing this form, I _____, the parent/guardian of _____ certify the information provided is true and accurate. I agree at the conclusion of [each day of] the camp/program The University of Texas at Austin will no longer have custodial responsibility for _____. I also recognize _____ should leave The University of Texas at Austin immediately following the conclusion of the camp/program they are enrolled in.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

Name of Program: Texas Soccer Camps

Camp Director: Alex Kraus

Camp Director Phone: 512-471-4624

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Camp Director Mailing Address: PO Box 7399

Austin, Texas 78713

Certificate Of Completion

Envelope Id: 8458FFC7392A46BE85FE86FD0E065EA4	Status: Completed
Subject: Athletics YPP Release Forms - Melanie Waters	
Source Envelope:	
Document Pages: 8	Signatures: 5
Certificate Pages: 4	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Alex Kraus
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1 University Station
	Austin, TX 78712
	ak27699@eid.utexas.edu
	IP Address: 72.177.25.194

Record Tracking

Status: Original	Holder: Alex Kraus	Location: DocuSign
5/3/2019 4:12:30 AM	ak27699@eid.utexas.edu	

Signer Events

Melanie Waters
melwaters24@gmail.com

Security Level:
DocuSign.email
ID: 1
5/3/2019 4:12:33 AM

Signature

DocuSigned by:

C2CCF4189599432...

Signature Adoption: Pre-selected Style
Using IP Address: 72.177.25.194

Timestamp

Sent: 5/3/2019 4:12:32 AM
Viewed: 5/3/2019 4:12:51 AM
Signed: 5/3/2019 1:37:28 PM

Electronic Record and Signature Disclosure:
Accepted: 5/3/2019 4:12:51 AM
ID: ff2c5cad-080b-4da8-94ba-2b5ee9cee77e

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/3/2019 4:12:32 AM
Certified Delivered	Security Checked	5/3/2019 4:12:51 AM
Signing Complete	Security Checked	5/3/2019 1:37:28 PM
Completed	Security Checked	5/3/2019 1:37:28 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Notices and disclosures about using DocuSign will be sent to you electronically

Please read the information below carefully and thoroughly. If you agree to these terms and conditions of conducting DocuSign electronic transactions with The University of Texas at Austin (we, us, or company), confirm your agreement by checking the box “I agree to use electronic records and signatures” on the DocuSign signing interface. Contact rms@austin.utexas.edu if you cannot access the full Electronic Record and Signature Disclosure document to your satisfaction.

You have the right to decline to conduct this transaction electronically. If you elect to decline to conduct this transaction electronically, contact the sender of the document by replying to the email you received from dse@docuSign.net and work with the sender to complete and sign your documents outside of DocuSign. Refer to the section “Withdrawing Your Consent” below for further information about declining to conduct this transaction electronically.

Unless you tell us otherwise in accordance with the procedures described herein, once you have agreed to use electronic records and signatures, we will provide required notifications and disclosures via secure link sent to the email you have provided us.

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Withdrawing your consent

If you agree to receive notices, disclosures, and documents from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices, disclosures, and documents only in email attachment or paper format. (Please note some transactions may not be conducted via email due to security requirements.) You must inform us of your decision to receive future notices, disclosures, or documents in email attachment or paper format and withdraw your consent to receive notices, disclosures, and documents electronically as described below.

To withdraw your consent with University of Texas at Austin

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

1. decline to sign a document from within the DocuSign signing interface, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
2. send an email to the document sender by replying to the DocuSign notice you received from dse@docusign.net and in the body of such request you must state that you are withdrawing your consent to do electronic business with us via DocuSign and include your email address, full name, and telephone number. We do not need any other information from you to withdraw consent. After withdrawing your consent, you can in the future once again agree to do electronic business with us.

Consequences of withdrawing your consent

If you elect to receive required notices, disclosures, and documents only in email attachment or paper format, it will slow the speed at which we can complete certain steps in transactions with you and in delivering services to you because we will need first to send the required notices, disclosures, or documents to you in email attachment or paper format, and then wait until we receive back from you your acknowledgment of your receipt of such email attachment or paper notices or disclosures.

How to contact University of Texas at Austin:

You can reply to the sender of your document by replying to the notice from dse@docusign.net for that specific transaction. For additional assistance with using DocuSign to conduct business with us you may contact us at rms@austin.utexas.edu.

For questions regarding transcripts, contact the Registrar's office at transcripts@austin.utexas.edu or <http://registrar.utexas.edu/students/transcripts>.

To advise The University of Texas at Austin of your new email address

To update your email address with us, send an email message to the sender or university department listed as the sender in your DocuSign notification email and in the body of such request state that your email address has changed; your previous email address; your new email address. We do not require any other information from you to change your email address.

In addition, if you have a DocuSign account associated with your email address, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing email in the DocuSign system.

Required hardware and software

Most modern computers and smartphones will work with DocuSign. DocuSign keeps system requirements for signers listed and updated at this address:

<https://support.docusign.com/en/guides/signer-guide-signing-system-requirements>

Modern desktop and mobile web browsers which accept per session cookies typically support all DocuSign functionality needed by signers. An Acrobat Reader or similar software for viewing PDF files may be needed for viewing completed/downloaded documents.

Acknowledging your access and consent to receive materials electronically

In summary, to confirm to us that you can access this information electronically, which will be similar to other electronic notices, disclosures, and documents that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to email this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices, disclosures and documents exclusively in electronic format on the terms and conditions described above, please confirm your agreement by checking the box "I agree to use electronic records and signatures" on the DocuSign signing interface..

By checking the "Agree" box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify The University of Texas at Austin as described above, I consent to exclusively receive, through electronic means, all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by The University of Texas at Austin during the course of my relationship with you.