

MEDICAL WAIVER FORM

This form MUST be completed and returned to the Camp prior to YOUR participation in the selected camp. YOU WILL NOT BE ADMITTED WITHOUT THIS FORM COMPLETED IN ITS ENTIRETY

Camp Details

Camp Name: _____ Camp Date: _____
Camp Location: _____

Camper Details

Camper's Name: _____ Date of Birth: _____ Age: _____
Camper Address: _____

Emergency Contact

Contact 1
Name: _____
Phone # : _____ Cell Phone # : _____
Address: _____
Email: _____

Contact 2
Name: _____
Phone # : _____ Cell Phone # : _____
Address: _____
Email: _____