

Medical Form

(Please Print Legibly)

Name: _____
Date of Birth: _____
Date of Camp: _____

1. List any medical conditions that personnel should be aware of (use additional pages if necessary):

2. List any medications currently taking:

3. List any allergies:

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____
Daytime Phone: _____
Evening Phone: _____
Name of Medical Insurance: _____
Company Phone Number: _____
Insurance Policy Numbers: _____

_____, as parent or legal guardian of the participant named above, do hereby authorize the director of the sport camps and his or her subordinates, to seek any medical and/or surgical treatment which is reasonably thought to be necessary for the care of my child. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize insurance payment directly to the medical facility. I hereby waive and release _____ and the camp's staff from any and all liabilities due to injuries incurred while at the camp. I accept full financial responsibility for any medical treatment which may occur.

Signature of Parent or Guardian** Date

*This form must be signed by signed by parent or legal guardian in order to participate in camp

** All refunds are subject to a \$10.00 processing fee.