



## SPORTS CAMP MEDICAL RELEASE FORM

Please return this completed form on the first night of camp. One for each child attending camp.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M or F

Street/City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell or daytime phone \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Emergency contact & phone number \_\_\_\_\_

Allergies \_\_\_\_\_

Health issues \_\_\_\_\_

**Please note: First night (Monday) registration begins at 4:30!**

### Medical and Liability Release:

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and an enjoyable time while participating in this activity. By signing this form you, as a parent, guardian, or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss, or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child, \_\_\_\_\_, permission to participate in this activity and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For office use only:

Paid Cash \_\_\_\_\_ Check \_\_\_\_\_ Form signed \_\_\_\_\_ Entered on roster \_\_\_\_\_