

Parental Consent Form

Release for Medical Treatment (*Application will not be complete until signed and returned.*)

List any conditions that physicians should be aware of:

—

Does your child have allergies to medicines? If so, list:

—

Insurance Coverage for accidental injury is required by all participants

Ins. Co. Name

—

Policy Holder _____

Policy Number _____

A permission signature is necessary to allow our doctors to administer treatment in the event of accident or illness.

Parent/Guardian

Date _____

Emergency phone _____

I hereby authorize any medical treatment, which may be advised or recommended by the attending trainer of:

(Camper's name) _____

Release and Waiver of Liability (*please read before signing*)

The undersigned hereby acknowledges that participation in the camp and related activities involved an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind or nature arising from, and by, reason of any kind and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant participation in or involvement with this camp, including any failure of equipment of defect in the premises. I hereby state that I am the legal guardian of the said child.

Participant's Name _____

Parental Consent Form MUST be complete in order to attend and participate in camp! Please mail in with application or bring to registration at camp

Parental Consent Form

Signature of Parent/Guardian

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