

Cross Training Sports Camp

Medical Release Form

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I can be contacted. I also assume responsibility for payment of any such treatment. This release is effective for the duration of the Cross Training Sports Camp _____ Dates:_____.

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

- Attach copy of front and back of insurance card to this form
- Insurance coverage is the responsibility of the camper

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Any Cross Training Sports Camp Representative
- Any representative of the camp sponsor: _____

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

ANY MEDICAL CONDITION WHICH MAY LIMIT CHILD'S ABILITY TO PARTICIPATE IN THE ACTIVITIES OF THE **Cross Training Sports Camp**: _____

SIGNATURE (PARENT/GUARDIAN): _____ **DATE:** _____