

# **Cross Training Sports Camp**

Medical Release Form

Minor Team Member

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/volunteer

Any of the following persons are designated to act on my behalf for the care of my child:

- 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:** \_\_\_\_\_