

Kicking/Punting- 2023 Camp Waiver/Clearance Form

Participant's Name: _____ Date of Birth: _____

Address: _____

Home Telephone #: _____ 2022-2023 Grade Level: _____

Emergency Contact – Parent or Legal Guardian – In case of emergency

First Contact: _____ Home Telephone #: _____

Relationship: _____ Work #: _____

Second Contact: _____ Home Telephone #: _____

Relationship: _____ Work #: _____

Medical Insurance Carrier:

Is the student taking and prescribed medications? Yes _____ No _____

If YES, list medications.

Please list allergies and other medical problems (potential or actual) below.

Parental Consent

I certify that my child has no injury/illness which would limit his participation in camp and has had a physical examination during the past year. I also authorize the director of the camp to act for me in any emergency requiring medical attention. I hereby release, exonerate and discharge the camp and their employees from any injuries incurred in camp or on the way to camp. I have medical coverage and will be responsible for any medical or other charges related to his attendance at camp. I give my child permission to participate in ??????????????.

Print Name

Signature

Date