



**\_\_\_\_\_ : Terms & Conditions  
Medical Authorization/Waiver & Release of Liability**

**Important:** Please bring this completed and signed form to camp.

**Camp Location** \_\_\_\_\_ **Camp Dates** \_\_\_\_\_

**Player's Name** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parents' Name(s)** \_\_\_\_\_ **B** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone number & contact info (if different) while this player is at camp**

**Emergency Contact Name\*** \_\_\_\_\_

**Emergency Contact Phone\*** \_\_\_\_\_

**Health & General Medical History** *Important: Please bring this completed and signed form to camp*

If the player should be restricted from any activity, please explain:

\_\_\_\_\_

If the player will be taking medication during the camp, please indicate drug and dosage:

\_\_\_\_\_

Please identify any medical condition or medical history that will/may require special attention:

\_\_\_\_\_

Emergency Contact/Phone in case the above Contact(s) cannot be reached during Camp:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check any of the following conditions that the apply:

- High Blood Pressure  Diabetes  Asthma

Please check if the player has HAD any of the following:

- Pneumonia  Chicken Pox  Mumps  Measles  German Measles