

Lewisburg Sports Camps

Medical Release Form, Consent for Medical Treatment, and Release of Liability

Note: This form seeks authorization to make medical related decisions for your child when attending activities and events sponsored in whole or in part by Lewisburg Sports Camps. Unless specified below, this authorization will remain in full force and effect for any Lewisburg Sports Camps activity or event.

Name of Camper: _____

Date of Birth: _____

The above camper is covered under hospitalization insurance with _____ (name of Insurance company) pursuant Policy No. _____ in the name of _____

Child has copy of insurance card ___Yes ___No (Please provide a copy of insurance card (front/back) on a separate page with this form.)

Social Security Number of Camper _____

Family Doctor: _____

Address: _____

Telephone: _____

Allergies/Reaction to drugs: _____

Blood type (if known): _____

Other medical information that might be necessary to the proper care of this camper:

*Any medicine which the camper is presently taking: _____

I, the undersigned, being the Father/Mother of _____, a minor child, do hereby authorize Lewisburg Sports Camps to make provision for any medical care which may be deemed necessary by a licensed physician for said child and make decisions to give any other consent which may be necessary for health and welfare of said child at any time. I verify that said child is in good physical condition to participate in the normal function of an Athletic Camp.

I hereby desire my child to participate in the Lewisburg Girls All-Sports Camp offered by Allison Burchyett, Jason Greer, and Scotti Miles at Lewisburg High School and have had my child checked by his/her physician and he/she is able to participate with no restrictions. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for his/ her benefit. I hereby voluntarily assume all risk of accident or injury to my child, which may arise out of his/her participation in this program and therefore hold harmless Allison Burchyett, Jason Greer, Scotti Miles, and all personnel associated with this program and Lewisburg High School Basketball Booster Club from any and all liability that may result from his/her participation. In addition, I give my permission for emergency medical treatment in the event I cannot be reached

Parent Signature _____ Date _____