



ARIZONA SPORTS CAMP MEDICAL RELEASE

Please print or type:

PARTICIPANT'S NAME _____

Mailing Address _____ Street Address _____

City/State/Zip _____ Daytime Phone _____

Parent/Guardian _____ Evening Phone _____

IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE CONTACTED, PLEASE NOTIFY:

Name _____ Relationship _____ Phone # _____

Medications currently taking _____

Known allergies (Including any medications) _____

Medical conditions (Diabetes, Epilepsy, or any other aspect that would affect the participant's full involvement in the sport/activities) _____

Are there any medical or other conditions that may affect emergency care? _____

If you have medical insurance, please list carrier and policy # _____

I have provided (circle one) Tylenol, Aspirin, Advil, Ibuprofen, other _____ for my son's/daughter's use for minor aches/pains, to be used within the judgment of Arizona Sports Camp staff/personnel. My permission is granted with my signature: _____ Date: _____

I am aware that the very nature of athletic participation carries with it an inherent risk of injury. I understand that the dangers and risks of participating in activities, whether in competition or preparing to compete, include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body and general health and well being. I voluntarily accept these risks and assume that such injury(s) may occur to my son/daughter.

In the instance(s) that my son/daughter becomes injured/ill while at this camp/activity, I hereby authorize the staff associates, agents, coaches, administrators of Arizona Sports Camp to use their judgment in providing first aid, medical assistance, and/or care, and/or to secure medical aid and ambulance service transportation to a medical facility for further treatment and care.

To the best of my knowledge, my son/daughter has no medical, physical, emotional, mental or other condition that would make it inadvisable for full participation.

I have read the above statements and understand and agree with the content.

Parent/Guardian: _____ Date: _____