



COMPLETE AND BRING TO EVENT

MEDICAL RELEASE WAIVER FOR DAY CAMP EVENTS →

DO NOT MAIL.....DO NOT MAIL.....DO NOT MAIL

Athlete's First Name		Last Name		Gender	Date of Birth	Age
Mailing Address			City	State	Zip/Postal Code	
Email Address		Home Phone	Work/Cell Phone	Camp Location	Camp Dates	
Parent/Guardian Name (s)				Parent Email Address:		
Alternative Emergency Contact Name			Phone Number	Relationship to Athlete		
Medical Insurance Company Name and Address				Policy/ID/Health Care Number		
Pre-existing Medical Conditions (Include allergy and prescription information)				Please initial this box if your child CANNOT receive over-the-counter medications (i.e. Tylenol, Advil, etc.)		<input type="checkbox"/>
<p>I the undersigned parent/guardian of the individual named above, a minor, do hereby agree to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge NBC Camps, Inc. from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participating in the program shall constitute acceptance of the conditions set forth in the release.</p>						
Parent/Guardian Signature		Date Signed		This medical Release is valid from :		
	Start Date			End Date		