



Sports Camps Consent and Medical Release Form

Player's Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Phone : _____

Parent/Guardian Name: _____ Phone : _____

In an emergency, when I cannot be reached, please contact:

Name: _____ Phone : _____

Name: _____ Phone : _____

In the event of an emergency if I cannot be contacted, I hereby authorize that emergency treatment may be administered. I give my consent to have a licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

MEDICAL INFORMATION

Player's Allergies: _____

Does Player require an inhaler? _____Yes _____No

Player's other Medical Conditions: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

I hereby request permission and give consent for my child to take part in Granville Christian Academy's Summer Sports Camps (The "Programs").

In consideration of the opportunity for my child to participate in the Programs, and fully recognizing that such an undertaking involves the element of risk; I hereby release, discharge, and otherwise indemnify Granville Christian Academy, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of the fields and facilities utilized for the Programs, against any claims by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs.

Parent/Guardian Signature: _____ Date: _____