

Please keep this page and bring with you to first clinic date

Emergency medical information

Since all of our camp participants are under the age of 18, it is necessary that our clinic staff have parental permission to administer treatment in the event of an accident. In the case of a serious accident or illness, the appropriate authorities will be contacted.

I hereby authorize any medical treatment which may be advised or recommended by the attending coaches

Signature : _____

Please list any allergies and/or medical conditions which we should be aware of:

Release and waiver of liability

The undersigned hereby acknowledge that participation in this clinic and related activities involves an inherent risk of physical injury, and the undersigned on behalf of the participant, hereby assumes all such risk and does hereby release and forever discharged the clinic and all employees and agents thereof from any and all liability or whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property,, and the consequences thereof, resulting from the participants participation in or involvement with this clinic, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said participant and I agree to the above statements.

Signature or Participant: _____

Signature of Guardian: _____