



CAMP MEDICAL WAIVER

ALL CAMPERS MUST COMPLETE THE MEDICAL WAIVER FORM AND MINOR'S RELEASE AND ACKNOWLEDGEMENT FORM AND SUBMIT IT ONLINE PRIOR TO HAVING THEIR SPOT RESERVED FOR CAMP. ONLY AFTER THESE FORMS ARE SUBMITTED AND A COPY OF THEIR PHYSICAL IS SUBMITTED IN PERSON, WILL THE CAMPER BE ALLOWED TO PARTICIPATE IN CAMP.

- High School Elite Camp 9th - 12th Grade (denote which one): May 31 | June 5 | June 12 | June 13
- Youth Camp 3rd - 8th Grade (denote which one): June 9-10 | June 14-15

CAMPER INFORMATION

Name (Last) (First) (Middle)

Mailing Address

Camper's Birth Date Camper's age at Time of Camp Grade

Parent/Guardian Phone Number Alternative Phone Number

Emergency Contact (Other than Parent/Guardian) Relationship to Camper Phone Number

MEDICAL & INSURANCE INFORMATION

Allergies

Current Medications

Previous Injuries

Date of Last Tetanus Booster

Name of Health Insurance Provider

Policy #

PHYSICAL AND PHYSICIAN CONSENT FOR PARTICIPATION:

Each camper is REQUIRED to provide a PHYSICAL COPY THE DAY OF CAMP the following:

- A copy of the camper's physical dated after June 2024 (Must be dated within one year of camp start day). Please bring a copy as the camp will keep the physical for our records.
- OR
- A physician's signature (in space provided below) that releases the camper to participate in camp and any related activities.

PHYSICIAN'S CONSENT:

I hereby certify the camper listed above is cleared to participate fully in the marked camp with no restrictions from any activities related to camp.

Physician Signature Date Phone Number