

Camp _____ Camper Name _____

Date _____ Social Security Number _____

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the Cade Davis Skill Camps acceptance of _____,
as a student in sports camp for the period in the dates mentioned above.

It is agreed that all risks attendant to watching and/or participating in camp activities including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardians as indicated by their signature hereto.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature / Date

IMAGE RELEASE

In consideration of _____, my minor child being allowed to participate in any way in Cade Davis Skill Camps related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

Parent or Legal Guardian Signature / Date

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in Cade Davis Skill Camps and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Parent or Legal Guardian Signature /Date

MEDICAL INFORMATION

Hospitalization Plan:
Claim No. _____
Company _____
City _____ State _____
Zip Code _____
Phone _____

FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE INCLUDED AT TIME OF CHECK-IN

Medical History (if pertinent):

Allergies, present medication, special considerations:

Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

EMERGENCY MEDICAL INFORMATION

NAME _____ () _____ () _____
PHONE CELL