

Seminole Trails Cross Country Camp
Medical Information Form

Name _____ SS # _____

Date of Birth _____ Parents' Cell Phone _____

Home Address _____

City _____ State _____ Zip _____

Insurance Information

Company _____ Phone # _____

Address _____

Policy # *(be sure to bring a copy of your Insurance Card with you to check-in)*

Number _____ Group _____

Name of Insured _____ SS # _____

Relation to Camper _____

Medical History:

Allergies: _____

Chronic Problems: _____

Surgeries: _____

Parental Consent *(parent signs and athlete brings to check-in):*

My child _____ has my permission to attend and participate in the Seminole Trails Camp and it's activities. I give permission for my child to be treated by a medical doctor as deemed necessary by coaches or athletic training staff of Seminole Trails. I hereby agree that I will not hold the Seminole Trails Camp or it's employees responsible for any loss, damage or injury.

parent signature

date