



**Blue Jay Women`s Soccer Academy
MEDICAL RELEASE FORM**

NAME OF CAMPER _____

SESSION _____

Please provide pertinent information regarding:

1. Existing Health Problems: _____

2. Current Medications: _____

3. Allergies (including bee stings): _____
4. Please provide name and all phone numbers of person(s) to contact in case of emergency while camper is attending the Blue Jay Women`s Soccer Academy:

Name: _____ *Relationship:* _____

Phone: (Cell _____) (Work) _____ (Home) _____

Name: _____ *Relationship:* _____

Phone: (Cell _____) (Work) _____ (Home) _____

(Continuation, **over** please)

Our Medical Staff is on duty 24 hours a day and will be at check-in. We ask that our campers refrain from keeping their medications in their room and meet with our Medical Staff at check-in to discuss distribution.

Please be advised that it is imperative that your child be in good health when arriving at camp. The duties of camp personnel cannot include providing medical care for campers arriving at camp with pre-existing conditions. It is also advised that as a parent/legal guardian it is understood that this sport does involve the potential for injury and you agree not to hold the staff responsible for any injury sustained during camp participation. The above-referenced camper is free of any medical condition that would prohibit his safe participation. Furthermore, I give permission for the camp's medical staff to provide any necessary first-aid treatment in the event of injury.

Signature of parent/guardian

Date

Insurance Company: _____

Policy Number: _____

Signature of Policy Holder: _____