

Medical Waiver Form

Please complete this form for each player and keep for your records. Bring a copy to the camp.

Name: _____

Age: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

School: _____

Email: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Insurance Company: _____

Policy Number: _____

Doctor's Name: _____

Phone Number: _____

Allergies: _____

Parent's Name: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____

Work Phone: _____

Medical Release

I agree that my son or daughter is fit to participate in physical activity and waive the owners of the Team Camp USA of any and all responsibility for injury during camp. I authorize the head coach of my child's team to act in best judgment for all emergency treatment.

Parent Signature: _____ **Date:** ____/____/____