



**2008 Summer Sports Camps  
MEDICAL RELEASE FORM**

**Child Name:** \_\_\_\_\_

**Camp Sport:** \_\_\_\_\_

Every attempt is made by the coaches of the Pride Athletic Club Summer Sports Camps to run a safe and incident-free camp. However, despite the best intentions and safeguards, accidents can, and do occur. In the event of an accident, we will immediately attempt to reach a contact in the following order: home, work, alt phones (*Coaches will have a copy of this form with them at all times during the camp*).

**By signing this form you:**

- Understand that there is a risk of accidental injury to your child.
- Are authorizing appropriate medical treatment, in the event that you cannot be contacted. (You will not be contacted for minor injuries such as scrapes and cuts).

**Doctor Information:**

**Doctor Name:** \_\_\_\_\_ **Doctor Phone Number:** \_\_\_\_\_

**Insurance Information:**

**Insurance Provider:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Parent Contact Information:**

**Parent Names:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Alternate Contact Phone Number:** \_\_\_\_\_

**Additional Child Information (allergies, etc.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_