



**2009 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: _____