Camp _____ Camper Name _____
Date _____ Social Security Number _____

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the ND42 Camps/Clinics acceptance of, _____, as a student in sports camp for the period in the dates mentioned above.
It is agreed that all risks attendant to watching and/or participating in camp activities including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardians as indicated by their signature hereto.
I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.
_____ Parent or Legal Guardian Signature / Date

IMAGE RELEASE

In consideration of _____, my minor child being allowed to participate in any way in ND42 Camps/Clinics related events and activities, the undersigned agrees that such participant's likeliness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.
_____ Parent or Legal Guardian Signature / Date

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in ND42 Camps/Clinics and that I know of no physical impairments which would in any manner limit his/her participation in such program.
_____ Parent or Legal Guardian Signature /Date

MEDICAL INFORMATION

Hospitalization Plan:
Claim No._____ Company_____
City_____ State_____ Zip Code_____
Phone_____
FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE INCLUDED AT TIME OF CHECK-IN
Medical History (if pertinent):
_____
Allergies, present medication, special considerations:
_____
Parent/Guardian_____
Address_____City_____State_____Zip Code_____
EMERGENCY MEDICAL INFORMATION_
NAME _____ (___)_____ (___)_____ PHONE
CELL