

## ARIZONA SPORTS CAMP MEDICAL RELEASE

Please print or type:		
PARTICIPANT'S NAME		
Mailing Address	Street Address	
City/State/Zip		Daytime Phone
Parent/Guardian		Evening Phone
IN CASE OF EMERGENCY ANI	D PARENT/GUARDIAN C	CANNOT BE CONTACTED, PLEASE NOTIFY:
Name	Relationship	Phone #
Medications currently taking —		
Known allergies (Including any n	nedications)	
Medical conditions (Diabetes, Ep	pilepsy, or any other aspe	ect that would affect the participant's full
involvement in the sport/activities	s)	
Are there any medical or other c	conditions that may affect	emergency care?
If you have medical insurance, p	blease list carrier and poli	icy #
use for minor aches/pains, to be	used within the judgmen	fen, other for my son's/daughter's nt of Arizona Sports Camp staff/personnel. My Date:
that the dangers and risks of par include, but are not limited to, de partial paralysis, brain damage, other aspects of the muscular sk	rticipating in activities, wh eath, serious neck and sp serious injury to virtually a keletal system, and seriou	arries with it an inherent risk of injury. I understant nether in competition or preparing to compete, binal injuries which may result in complete or all bones, joints, ligaments, muscles, tendons and us injury or impairment to other aspects of the ept these risks and assume that such injury(s) may
In the instance(s) that my son/daughter becomes injured/ill while at this camp/activity, I hereby authorize staff associates, agents, coaches, administrators of Arizona Sports Camp to use their judgment in providifirst aid, medical assistance, and/or care, and/or to secure medical aid and ambulance service transportation to a medical facility for further treatment and care.		
To the best of my knowledge, my condition that would make it inac	•	nedical, physical, emotional, mental or other ion.
I have read the above statement	ts and understand and ag	gree with the content.
Parent/Guardian:		Date: