



MEDICAL WAIVER & INFORMATION

Camper's Name _____

Birthdate _____

Camp(s) Attending: Elite Camp Individual Camp Little Ballers Camp Team Camp (Team Name: _____)

VERIFICATION OF PERSONAL MEDICAL INSURANCE COVERAGE

INSURANCE _____

POLICY NUMBER _____

COVERAGE PERIOD _____

EMERGENCY CONTACT

Name _____

Relationship _____

Phone _____

Alternate Phone _____

Does the participant have any medical conditions or injuries that may affect her participation in camp?

MEDICATIONS

PLEASE NOTE - Our staff cannot administer any medications, prescription or otherwise, to campers. This includes over-the-counter medications like Advil or Tylenol for minor headaches or pains. If the camper will need to take medication while attending our camp, he must bring the medication to camp and assume responsibility for taking it as needed. Trainers will only help administer the medications listed below that include instructions.

Name	Frequency	Dosage	Left w/ trainer or participant?

ALLERGIES & SENSITIVITIES

Allergy	Reaction

By signing this medical waiver, I am verifying that my child has completed a sports physical in the last 12 months and is fully capable of competing in all camp activities, to the best of my knowledge.

Parent Signature _____ Date _____