

# South Charlotte Sports Report Camp Release Form

NAME OF CAMPER: \_\_\_\_\_

CAMP TYPE \_\_\_\_\_

CAMP DATES \_\_\_\_\_

## **RELEASE OF LIABILITY MEDICAL AND SURGICAL AUTHORIZATION**

In consideration of granting the camper permission to participate in South Charlotte Sports Report Camp I hereby assume all risks of his or her personal injury that may result from any camp activity. As guardian, I do hereby release, Tripp and Grace Roakes, camp contracted employees, instructors, and all participants in The Camp from all liability including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Camp Activities.

I certify that the above named camper is physically fit to participate in the Camp.

In addition, I hereby authorize and give my consent to any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, injections, and minor operations and procedures I agree to assume all costs related to such treatment.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **EMERGENCY PHONE NUMBERS**

**Home:** (     ) \_\_\_\_\_

**Work:** (     ) \_\_\_\_\_

**Cell Phone:** (     ) \_\_\_\_\_

**In case of an emergency, another person we can contact:**

**Name:** \_\_\_\_\_ **Phone #** (     ) \_\_\_\_\_

**BRING THIS FORM THE MORNING OF CAMP REGISTRATION**  
**PLEASE ATTACH ANY MEDICAL INFORMATION OR ALLERGIES THAT WE**  
**SHOULD KNOW ABOUT.**