

# DREAM Quest

## Technique Camps

### SUMMER CAMP MEDICAL RELEASE FORM

*Coaches/Sponsors: All campers and their legal guardians must complete this form.*

This completed form is mandatory for participation. Please read carefully and sign where indicated. Participants 18 or older do not need parental consent but must fill out the form for camp files.

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camp Date: 7/21/2022 Location: Peachtree Ridge High School

School: \_\_\_\_\_ Squad: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Phone # (\_\_\_\_) \_\_\_\_\_

Is the participant currently under treatment for a medical condition? Yes  No

If yes, please describe: \_\_\_\_\_

List all medications currently taken: \_\_\_\_\_

List any known allergies to medications: \_\_\_\_\_

**PARTICIPANT'S AGREEMENT:** I agree to adhere to the rules of DreamQuest Technique Camps. I will cooperate with all staff and other campers. I understand how important safety is in the sport of cheerleading. I will do my best to protect my other squad members from injury.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTAL CONSENT:** I authorize the staff and officials to seek treatment for any injury or illness to my child while a participant of the event and also authorize the physician and/or hospital near the event site to perform treatment to any illness or injury to my child. I authorize payment for treatment, either personally or through our family health insurance. This participant is in good health and physically capable of participating in the camp. I agree not to hold the event host or sponsors liable in the event of an injury.

**PARENT/GAURDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_