

2010
BAYRIDGE SPORTS & THEATRE SUMMER CAMP
MEDICAL RELEASE FORM & WAIVER



Name of child/children: _____

Family Physician: _____ Tele. # _____

Allergy(s): _____

Any medical conditions we should be made aware of: _____

Additional Emergency Contact: _____ Tele. # _____

Relation to Child: _____

I hereby authorize emergency medical treatment for the above named child or children in the event of injury sustained during participation in the camp. I hereby authorize any physician, hospital or healthcare provider to give emergency medical care and treatment to the above name child or children.

I assume all financial responsibility and waive all claims or future claims against The Bay Ridge Sports and Theater Camp, Our Lady of Angels School, and Steve Carberry and staff for injuries sustained by the above.

Parent/Guardian Signature _____ Date _____