

HIGHER LEARNING SPORTS CAMPS

AUTHORIZATION FORM

MEDICAL AUTHORIZATION: To permit treatment of injuries, the following authorization must be signed and dated by the camper's parents or legal guardian.

In an emergency, I hereby give permission for my child to be examined by the camp's certified athletic trainer or coaching staff. I also give permission to the licensed physician, selected by the camp operator, to hospitalize, secure proper treatment, anesthesia or surgery for my child in an emergency. I also give the camp permission to advise the hospital of our health insurance at the time of any treatment.

INSURANCE: Campers must provide their own insurance.

Insurance Company _____
Group/Policy # _____
Policy Holder Name _____
Employer _____
Physician's Name _____
Physician's Phone # _____
Emergency Contact Name _____
Emergency Contact Phone # _____

WAIVER OF LIABILITY: I hereby desire that my child, who is under nineteen years of age, participate in the Higher Learning Sports Camp. By conditions of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release Higher Learning Sports Camps and all personnel associated with these camps from liability that may result from his/her participation. As a condition of participation in the Higher Learning Sports Camps, each camper must have had a physical checkup by a certified physician within the last calendar year.

Signature of Parent or Guardian: _____ Date _____