



## MEDICAL RELEASE / INSURANCE INFORMATION

### CAMPER INFORMATION:

Name: \_\_\_\_\_

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

Gender: (circle one)    M            F            DOB: \_\_\_\_\_            Age: \_\_\_\_\_

### INSURANCE INFORMATION:

Company Name: \_\_\_\_\_            Company Phone #: \_\_\_\_\_

Group #: \_\_\_\_\_            ID#: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

### MEDICAL INFORMATION (Please write NONE if not applicable):

Current Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: (Please list any allergies to food, medication, etc.) \_\_\_\_\_

Any restrictions on activities: \_\_\_\_\_

Comments: \_\_\_\_\_

### FAMILY CONTACT INFORMATION:

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_            Email 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_            Email 2: \_\_\_\_\_

### EMERGENCY CONTACT – IN CASE PARENT/GUARDIAN CAN NOT BE REACHED:

Name: \_\_\_\_\_            Phone: \_\_\_\_\_

### ACKNOWLEDGEMENT OF PARTICIPATION AND RELEASE OF TREATMENT:

I acknowledge that the above camper is in good health and can participate in all activities, unless indicated above.

Signature of Parent/Guardian: \_\_\_\_\_            Date: \_\_\_\_\_

**Release of Treatment:** I **DO / DO NOT** give Sinai Sports, LLC permission to secure emergency treatment for my child in case of illness or accident, while continuing to contact the parent/guardian. I shall pay or assume responsibility for all expenses. I understand that Sinai Sports, LLC does not provide accident / health insurance coverage to camp participants and that my insurance is my primary coverage.

Signature of Parent/Guardian: \_\_\_\_\_            Date: \_\_\_\_\_