



MSA SPORTS CAMPS

HEALTH & EMERGENCY CONTACT FORM

NAME	
ADDRESS	
HOME PHONE NO.	
MOTHER'S WORK PHONE NO.	
FATHER'S WORK PHONE NO.	
MOTHER'S CELL PHONE NO.	
FATHER'S CELL PHONE NO.	
PHYSICIAN'S NAME AND PHONE NO.	
LIFE –THREATING ALLERGIES? TO FOOD OR OTHERS	
ANY MEDICATION OR SPECIAL NEEDS WE SHOULD KNOW OF	
DATE OF LAST DPT/TETANUS IMMUNIZATION - *Registration will not be processed without a current DPT /tetanus date	
BABY SITTER'S/ HOUSEKEEPER'S NAME	
ANY OTHER INFORMATION WE SHOULD KNOW	

Statement of Wellness for Participation and Permission to administer Emergency Treatment:

I, _____, do hereby verify that my child to the best of my knowledge is free from contagious disease, is fully immunized, and is able to participate fully in the sports camp programs. In Case of a medical emergency and event that the parent/guardian cannot be reached, I hereby give my permission for emergency treatment to be administered to my child. I understand that camp and organizers do not carry accidental injury insurance on campers and I waive and release the camp organizers, and their employees for any personal injuries, illness, loss, or damage to property. I agree to assume liability for any expenses incurred in such an emergency (transportation, hospitalizations, x-rays, etc.).

Parent/Guardian Signature

Date