



TOTAL TURF EXPERIENCE – 2021 SUMMER CAMP Medical Release Form

Participant's

Name _____ Date of Birth _____ Gender M F

Address _____ Town _____ State _____ Zip Code _____

Contact Information

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Medical Information

Allergies _____

Other medical/ Physical
Conditions _____

Participant's
Physician _____ Phone _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

PLEASE VERIFY THAT ALL OF YOUR IMMUIZATION SHOTS ARE UP TO DATE? YES / NO

If your shots are not up to date, please submit a statement from a physician that immunization is in progress.

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with summer camps and in consideration for Total Turf Experience accepting the registrant for its summer camp programs and activities. I hereby release, discharge and/or otherwise identify the Total Turf Experience, its affiliated organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Total Turf Camp Programs.

I hereby authorize.

I hereby give my consent to have an athletic trainer and/or doctor of medicine to provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Signature of Parent or Guardian

Date