

ANDY MORGAN BASEBALL CAMPS AND NORTHEAST TEXAS CC CAMPER CONSENT AND RELEASE FORM

This completed form MUST be signed by a parent or guardian and turned in at the registration table at camp check-in. DO NOT mail this form in. No camper will be able to complete the check-in process without this completed and signed form.

Section A: Emergency Contact Information

Camper's Name: _____ Camp Attending: _____
Parent/Guardian: _____ Daytime Phone: _____ Evening Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Alternative Contact (In the event of an emergency and parents can't be reached):
Name _____ Relationship to Camper: _____ Phone Number: _____

Section B: Medical Information and Treatment

The camp has directors and staff on duty at camp 24 hours a day to assist participants in any possible way. These individuals make arrangements for treatment of any illness or accident that might occur during the course of the camp. Should a camper become ill or injured it should be reported to camp staff immediately. In the case of a more serious illness or accident, the parent or guardian will be contacted as soon as possible. If the situation warrants immediate attention, the camper will be taken to the Murray-Calloway County Hospital. So that we can provide our participants with the best possible service, we require that each participant complete the medical information below. All Summer Youth Programs are covered by a group accident insurance policy. This release form must be signed (at the end of this document) by a parent or guardian and submitted at check-in.

I do hereby grant permission for my son/daughter/ward to attend the above-named program and certify, to the best of my knowledge and belief, that he/she is physically able of participating in the program and recreational activities of the camp subject to the special medical restrictions as listed below. I acknowledge and understand and agree that in participation in this program there is a possibility of physical illness or injury and that my son/daughter/ward is assuming the risk of such illness or injury by his/her participation. In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness. I hereby authorize the program staff to obtain medical treatment for him/her for such injury of illness during the program, and I release Northeast Texas Community College, its officers, agents, and employees from responsibility for any injury which my son/daughter/ward may sustain arising out of participation in this program.

Please complete the following Medical Information:

Special Medical Restrictions: _____

Medications to which participant is allergic: _____

Medications which the participant is currently taking. Include dosages and how often the child takes it: _____

Does your child need assistance administering their medicine? If so please provide instructions: _____

Known Food Allergies: _____

Other conditions (medical or behavioral) that camp staff should be aware of: _____
