



# DIAMOND CATS CAMP



## Medical Release Form

Please provide specific written directions for any medical needs that you might deem necessary while attending the camp.

I understand that I am required to maintain and carry accidental medical insurance coverage for the named youth on this application and verify that the coverage information attached herewith is accurate and true.

I verify that my daughter has been checked by a licensed physician and is physically able to participate in this camp. I hereby authorize the staff of the DIAMOND CATS CAMP to act for me, according to their best judgment in any medical emergency, while there is an attempt to contact me. I waive and release this camp from any and all liability, injuries or illness incurred while attending this camp. The camper, while attending this camp will use the facilities at their own risk. The camp and its staff shall not be liable for any damages that arise from personal injury sustained by the camper on the way to, during and on the way home from the camp. The camper and her parents accept full responsibility for any damages or injuries which may occur during this time frame, and so hereby, fully and forever, exonerate and discharge the camp, staff, owners, employees, and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the camper's participation in the DIAMOND CATS CAMP and in the use of its facilities.

\_\_\_\_\_  
Athlete Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Medical Insurance

\_\_\_\_\_  
Policy Number

### Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

