



Medical Waiver/Consent to Treat Form
NOTE: YOUR PHYSICIAN'S SIGNATURE IS NOT REQUIRED

Bring To Your Camp
DO NOT MAIL

Participant Name Age Date-of-Birth

Team/Group/Squad (If applicable)

Home Address

City State Zip

Parent/Guardian Name

Address (if different from above)

City State Zip

Home Phone Work Phone Cell Phone

Any history of serious illness or injury with dates of occurrence:

Any surgery with dates of occurrence:

Allergies:

Medications currently being taken:

Date of last tetanus: Do you wear contact lenses?

Name of physician: Physician's phone

Parent/Guardian consent for medical treatment
I/we hereby authorize any medical treatment for my child which may be advised or recommended by the physicians of the local clinic or hospital...

Health Insurance Provider

Policy Number

School Insurance? Yes No

Liability Release:

I, the undersigned parent or guardian, do hereby grant permission to my son/daughter to participate in this Edge Cheer & Dance camp, clinic or event. I also understand that in participating that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic) in connection with his or her participation...

Signature of Parent/Guardian Date
(Or ATHLETE if over 18 years of age)

*Failure to complete and sign this form and provide adequate evidence of insurance coverage will prohibit your child from participating in camp. **Please duplicate form for all participants**