

MEDICAL RELEASE FORM VBS SPORTS CAMP

Child's Name _____

Special concerns (allergies, medications, medical conditions, etc.)

Medical Release and Permission:

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the Mega Sports Camp®. In order that my child may receive the proper medical treatment in the event that he/she sustains an injury or illness during the Mega Sports Camp®, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp. Failure to comply could result in the child not being able to participate.

Signature of Parent or Guardian

Date