

# MEDICAL WAIVER FORM

This form MUST be completed and returned to the Camp prior to YOUR participation in the selected camp. YOU WILL NOT BE ADMITTED WITHOUT THIS FORM COMPLETED IN ITS ENTIRETY

## Camp Details

Camp Name: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Camp Location: \_\_\_\_\_

## Camper Details

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Camper Address: \_\_\_\_\_

## Emergency Contact

### Contact 1

Name: \_\_\_\_\_

Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Contact 2

Name: \_\_\_\_\_

Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_