

**PARENTAL RELEASE & MEDICAL INFORMATION**

**Week(s) Attending** \_\_\_\_\_

**PARTICIPANTS NAME:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **AGE** \_\_\_\_\_

**PARTICIPANTS Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PARENT CELL/WORK** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY Contact Person:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**ALTERNATE Emergency Person:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**MEDICATIONS:** *Indicate medication(s) which will be needed during a day at camp.*

**Note:** Participant should bring an adequate supply of medication(s)

_____	_____	/	_____	_____
Name of Medication	Dosage		Name of Medication	Dosage

**Is there a medical history involving any of the following:**

	Yes	No		Yes	No
Allergies	_____	_____	Heart Disease	_____	_____
Convulsions	_____	_____	Phobias or Fears	_____	_____
Diabetes	_____	_____	Past Injuries/Illnesses	_____	_____
Disabilities	_____	_____	Past Operations	_____	_____
Epilepsy/Seizure Disorder	_____	_____	Other _____	_____	_____

If you answered "yes" for any of the above conditions, please explain in detail. Use a separate page if necessary. \_\_\_\_\_

**Please advise us of any special instructions, side effects or emergency procedures:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of Last Tetanus Booster** \_\_\_\_\_

**In the event of an emergency, the camp Director or trainer will make every attempt to contact the parent or legal guardian.**

**RELEASE:** I hereby authorize Wolfpack Gymnastics Camp to provide emergency treatment for my child. I agree to assume financial responsibility for this service. I hereby give permission to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation, and administer treatment including hospitalization, in the event that I cannot be contacted.

**In consideration of the participant in the above camp or clinic, the undersigned parent(s)/guardian(s) hereby release and hold harmless the Regents of NC State, Wolfpack Gymnastics Camps and its employees, Killian's, Inc., and all other Institutions involved with camp, from any and all liability occurring during the participation in camp, including property damages, expenses, personal injuries, and /or death sustained by child named above, while participating in the Wolfpack Gymnastics Camp. The undersigned parent(s)/guardian(s) acknowledges they is/are aware of and understand the risks involved in such activity, and is/are prepared to assume, on behalf of such child and themselves, all of such risks as theirs and the child's sole responsibility.**

**Furthermore, this release gives Wolfpack Camp/Killians, Inc the right to post pictures from camp to our website and for sharing with participants thru facebook for advertising, marketing & promoting camp ONLY. Please send a notice directly to the Camp director if you want your child excluded from any pictures taken. (Joyousd13@aol.com)**

**It is my understanding that said child will be subject to the rules and regulations of the above camp or clinic, failure to abide by rules is subject to removal from camp.**

**\*Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* Child must sign form REGARDLESS of age. (it is an acceptance that they will follow all camp rules)**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_