

Camps and Sports Events Guardianship Form

Participant Information

Full Name

Date of Birth

Address

Camp/Sports Event Name

Event Dates

Guardian Information

Guardian Full Name

Relationship to Participant

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Relationship

Phone Number

Medical Information

Medical Conditions / Allergies

Medications

Physician Name & Contact

Permissions & Consent

I, the undersigned guardian, give permission for my child to participate in all activities and authorize medical treatment if necessary:

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Guardian Signature

Date