

Sports Camp Overnight Stay Consent & Waiver

Camper Information

Full Name

Date of Birth

Address

Parent/Guardian Information

Full Name

Relationship to Camper

Phone Number

Email Address

Emergency Contact

Full Name

Phone Number

Medical Information

Medical conditions, allergies, medications, or other relevant information

Insurance Provider & Policy Number

Consent & Waiver Agreement

I, the undersigned parent/guardian, hereby consent to the participation of the above-named camper in the Sports Camp Overnight Stay. I acknowledge that there are potential risks and hazards associated with participation, including travel to and from the event, physical activities, and use of facilities.

I agree to release, indemnify, and hold harmless the camp organizers, staff, and affiliates from any and all liability, claims, or causes of action arising out of or related to participation in the overnight stay. I authorize the camp to obtain medical treatment for my child in the event of an emergency.

By signing below, I confirm that I have read, understood, and agree to the terms of this consent and waiver form.

Parent/Guardian Signature

Date