

NCSAA Sports Camp Medical Information and Waiver Form

No camper will be permitted to participate in any NCSAA camp if NCSAA does not have a completed, current, and valid form on file for that camper. No registration fees will be refunded for any camper that is unable to participate in part or all of any camp due to the failure of their parent/guardian to complete and file the Medical Information / Waiver Form. A new form must be filed for every camp that a camper attends.

Please print and complete this form (PRINT CLEARLY, please), and send it (well in advance) to:

**NCSAA
2105 Clayton Road
Beaver Falls, PA 15010**

Camper's name: _____ Grade in school: _____

Camper's home address: _____

City: _____ State: _____ Zip Code: _____

Names(s) of parent(s) / guardian(s) with whom player lives: _____

Parent/guardian home phone #: _____ Parent/guardian cell phone #(s): _____

Name / phone number(s) of person to call if parents can't be reached: _____

I understand, by the nature of the activity, there is a possibility of accident, and I assume the risk and responsibility while my child attends this camp. I hold harmless NCSAA and/or its representatives, as well as the host school and its representatives, for any injury that my child may sustain during participation in this camp. I also forfeit legal action or compensation claims against NCSAA and/or its representatives, or against the host school and/or its representatives, for injuries my child may receive. I, as parent/guardian of a minor student, consent to emergency care to be administered to the minor as deemed necessary by the involved physician and/or hospital which is to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility, and that NCSAA and the host school and coaches do not have medical insurance coverage for injuries to the minor as a student participant.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Carrier: _____ ID Number: _____

Group Number: _____ Physician / phone number: _____

Medications: _____ Allergies: _____

Important medical history: _____

Any other medical conditions: _____

This is to certify that my dependent has had a physical examination and is able to participate in the activities.

Parent/Guardian Signature: _____ Date: _____