



**ABERDEEN COUNTRY DAY
MEDICAL RELEASE FORM**

CAMPERS NAME:

ADDRESS:

CITY:

STATE:

ZIP:

BIRTH DATE:

SEX:

CELL NO.

PARENT'S HOME PHONE #:

WORK #:

EMERGENCY CONTACT # (OTHER THAN PARENT)

PHONE #

PRIMARY MEDICAL INSURANCE COMPANY:

POLICY #

KNOWN ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION: _____

Recognizing the possibilities of physical injury associated with summer camp an in consideration for Tab Ramos Sports Center and its affiliates accepting the registrant for its summer camp programs and activities (the "Programs") I hereby release, discharge and/ or otherwise indemnify Tab Ramos Sports Center, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Pat Sellitto and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ DATE _____