



TOTAL TURF EXPERIENCE – 2024 SUMMER CAMP

Medical Release Form

Participants Name: _____ DOB: _____ Gender : M F
Address: _____ City: _____ State: _____ Zip: _____

Contact Information:

Father's Name: _____ Home Phone: _____ Cell/Work Phone: _____
Mother's Name: _____ Home Phone: _____ Cell/Work Phone: _____

In case of an emergency and parent cannot be reached, Please contact:

Name: _____ Home Phone: _____ Cell/Work Phone: _____

Medical Information:

Allergies: _____

Other Physical/Medical Conditions: _____

Camper's Primary Care Physician: _____ Phone: _____

Primary Medical Insurance Company: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE VERIFY THAT ALL OF YOUR CHILD'S IMMUNIZATIONS ARE UP TO DATE ? YES / NO

PLEASE PROVIDE AN UPDATED COPY OF YOUR CHILD'S IMMUNIZATION RECORDS

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with summer camps and in consideration for Total Turf Experience accepting the registrant for its summer camp programs and activities. I hereby release, discharge and/or otherwise identify the Total Turf Experience, its affiliated organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Total Turf Camp Programs.

I hereby authorize.

I hereby give my consent to have an athletic trainer and/or doctor of medicine to provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date