



# TOTAL TURF EXPERIENCE – 2022 SUMMER CAMP Medical Release Form

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Contact Information

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Medical Information

Allergies \_\_\_\_\_

Other medical/ Physical Conditions \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PLEASE VERIFY THAT ALL OF YOUR IMMUIZATION SHOTS ARE UP TO DATE? YES / NO**

## PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS

If your shots are not up to date, please submit a statement from a physician that immunization is in progress.

## 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 or Guardian

\_\_\_\_\_  
Date