

# **FCC SUMMER CAMP**

## **Medical Emergency Release Form**

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School/Squad: \_\_\_\_\_ Elem JH JV V Coed

Name of Participant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Does the participant have allergies? \_\_\_\_ YES \_\_\_\_ NO

If Yes, please list allergies and the stimulants: \_\_\_\_\_

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***Each participant must have medical insurance.***

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*I hereby grant permission for my daughter/son to participate in a camp hosted by the Fellowship of Christian Cheerleaders. S/he may be treated by a licensed physician, emergency center, or member of FCC's staff in the event of injury, illness, or accident during the course of participation in the program.*

*The undersigned applicant (or parent/guardian if under the age of 18 years) understands that s/he will be engaging in physical activity that contains inherent risk of injury. FCC, the Board of Directors of FCC, and/or the camp site will not be held liable for injury that results from participation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_