Al Hammell Fundamental Sports Camps Inc. 2009

Camper's Name:_____ Date:_____

Parent/Guardian Name:_____ Phone#:_____

Emergency Contact (other than parent/guardian):

Name:_____ Relation:_____

Phone #:_____

Please list any health related information or concerns that we should be aware of:

_____
_____
_____
_____
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_____
_____
_____
_____

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for my child as named above.

Signature of parent/guardian:_____ Date:_____