



Camp Medical Release

It is the responsibility of the camper's parent or guardian to ensure that the camper is healthy and has no physical problems that would prevent her participation in all camp activities. As the camper's parent or guardian, I assume the risk of the camper participating in West Liberty University's Women's Basketball Camp and that any and all physical limitations or concerns are listed on this form. Responsibility for medical insurance coverage rests with the camper.

Camper's Name: _____

Please provide the following information concerning your camper:

Any Known Food or Medicine Allergies: _____

Any Medications Currently Taking: _____

Any Conditions or Other Pertinent Information: _____

In the event I cannot be reached, as parent or legal guardian of the participant named above, I authorize West Liberty University to seek medical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Phone Number

**IN ADDITION TO YOUR PHYSICAL AND COPY OF INSURANCE CARD
THIS FORM MUST BE COMPLETED BEFORE YOU CAN PARTICIPATE IN CAMP.**

*West Liberty University Women's Basketball Camp
208 University Drive ~ West Liberty, WV 26074
Phone ~ 304.336.8480 ~ Fax ~ 304.336.8339*