



INSURANCE FORM



Participant: _____

Parent/Guardian: _____

Please note any medical conditions we should be aware of: _____

I hereby approve any first aid, medication or medical treatment deemed necessary in case of emergency for (participant's full name) _____, a participant in The Academy. I understand that I will be responsible for any expenses incurred on his or her behalf in connections with such treatment. I also understand that the participant attends this camp at his or her own risk. The College, its Athletic Department, The Academy, and its staff shall not be liable for any damage arising from injuries sustained by the participant during The Academy or at the facilities.

No participant shall be admitted without proof of insurance coverage.

Policy Holder: _____

Insurance Company: _____

Policy Number: _____

Group Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Signature of Parental/Guardian Consent: _____