

A MACA Summer Emergency Medical Form

Camper's Information	
Name:	Date of Birth
Address:	Phone Number:
Emergency Contact Information	
First Call - Name:	Daytime Numbers:
Relationship to Camper:	
Second Call – Name:	Daytime Numbers:
Relationship to Camper:	
Authorization and Release Statements	
<p>Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the camper-athlete will be under the supervision and direction of a MACA athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability and even death. We freely knowingly, and will fully accept and assume the risk of injury that might occur from participation in athletics.</p>	
<p>Concussion – A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild blow to the head can be serious. If we suspect a camper has sustained a concussion while participating in <i>A MACA Summer</i>, we will contact the parent and/or 911.</p>	
<p>Release – In consideration of MACA allowing the camper-athlete to participate in athletics, we agree to release and hold MACA, its coaches and other employees free, harmless, and indemnified from and against any and all claims, suits, or causes of action arising from or out of any injury that the camper-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.</p>	

Camper's Health Verification

___ Allergies: _____

___ Asthma _____

___ Other: _____

The registrant will provide the following to the MACA Camp Director:

___ Epi-pen _____
 ___ Inhaler _____
 ___ Medications: _____

___ My child's immunizations are current.

I have read and agree to abide by the *Risk of Injury*, *Concussion*, and *Release* statements and certify that all information provided by me on this form is correct. We agree (parent/guardian and camper) to abide by the rules of *A MACA Summer*. If the camper is injured while participating in camp and MACA is unable to contact the parent/guardian, I grant MACA permission and authority to obtain necessary medical care and/or treatment for the camper's injury. Treatment may include, but is not limited to first aid, CPR, or contact of 911/ambulance. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. I accept the financial responsibility for such medical care or treatment.

Parent/Guardian Signature

Date