

## ***Emergency Information***

Player Name: \_\_\_\_\_

Birthday (M/D/YY): \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Policy/Group#: \_\_\_\_\_

Family Physician: \_\_\_\_\_



## ***Medical Information***

Allergic reactions: \_\_\_\_\_

Medication presently taking: \_\_\_\_\_

Past Illness or other useful information in the event treatment is necessary:

\_\_\_\_\_



In case of emergency, I authorize treatment by the camp trainer and/or staff and/or my family physician and/or any medical facility.

\_\_\_\_\_

(Parent Signature)

I hereby authorize staff of the Roader Youth Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive & release Roader Youth Camp staff from any & all liabilities for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named campers participation in the camp program.

\_\_\_\_\_

(Parent Signature)



## **Brunswick High School**

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Brunswick, Maryland  
21716

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**2021 Roader  
Youth Cheer  
Camp**

**July 19-July 22, 2021**

**6:00-8:00 pm**

**For Grades 1 to 8 in  
the Fall of 2021**

**At Practice fields  
behind BHS**