## **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:

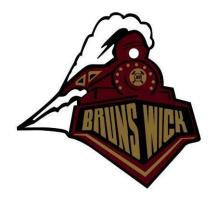


In case of emergency, I authorize treatment by the camp trainer and/or staff and/or my family physician and/or any medical facility.

### (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**

101 Cumming Drive Brunswick, Maryland 21716

E-mail: bjrathletics@mail.com



# 2021 Roaders 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