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***Brothers of the Sacred Heart***

Cheerleading Camp Waiver & Emergency Contact / Insurance Information Form

TO WHOM IT MAY CONCERN:

I, the undersigned parent/guardian, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date of Birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby request that my child be permitted to participate in the **Summer Camp** program held at Bishop Guertin High School. I also understand that there are many inherent risks in athletic participation and neither the **school**, nor the **athletic department**, nor its **employees** nor the **Brothers of the Sacred Heart** shall assume any financial responsibility in the case of an injury to my son or daughter. Your signature at the bottom of this form serves as an acceptance of this policy.

If in the case of injury, I give permission to any member of the Bishop Guertin Cheer Camp Staff, Athletic Department or Administration to act on my behalf in the event of a medical emergency involving my son/daughter while participating in the camp/school/clinic.

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Participant’s most recent Tetanus Booster Shot: (please provide date) \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 2 0 \_\_\_\_\_

My child carries an inhaler for respiratory problems: (circle one) YES NO

My child carries an Epipen for emergency use: (circle one) YES NO

**\*\*\* Campers are expected to bring Epipens or Inhalers with them and leave them with a designated staff member on site OR kept in their personal bag brought daily to camp.\*\*\***

Are there any medical conditions which our coaches/nurses should know about? YES NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed with a concussion in the last 24 months? (circle one) YES NO

If so, how many? \_\_\_\_\_\_\_\_\_\_\_ When was the last diagnosed concussion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Health/Accident Insurance is required for ALL participants of camps held at Bishop Guertin.\*\*\*

Insurance Company/Health Plan Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy/Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 05/2022