

MEDICAL CLAIMS RELEASE FORM

I understand there are risks inherent in participating and/or receiving instruction in a camp/clinic. I also understand that in order to be allowed to participate and/or receive instruction in the camp/clinic, I must give up my rights to hold San Joaquin Delta College liable for injury or damage which my child may suffer while participating and/or receiving instruction at the camp. In case of an injury, I authorize the staff of Delta College to render first aid and/or obtain whatever medical treatment deems necessary for the welfare of my child listed on this application.

Name of Insurance Carrier _____ Policy # _____

Primary Doctor _____ Doctor's Phone Number _____

In case of an emergency call:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

One Form Per Participant – Please Print Clearly

Participant's Name

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Birthdate _____ Age _____ Male ___ Female ___

Home Phone _____ Parent's Work/Cell Phone _____

Email: _____

Parent/Guardian Release

I am the parent/legal guardian of the minor (print name) _____

I have read, understood, and agree to the terms and conditions of this application and I am signing this release on behalf of the said minor.

Print Name of Parent(s)/Guardian _____

Signature of Parent/Guardian _____ Date _____