

MEDICAL RELEASE FORM

COERVER®

Coaching of Maryland

1490 Grandview Court
Arnold, MD 21012

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PHONE:(4443) 534-9686



Camper's Name			
Camper's Date of Birth			
Camper's Address (city, state & zip)			
Emergency Contact Person		Phone	
My Insurance Company (name)		Policy/ Group #:	
Doctor/Physician		Phone	
Should the Camper be restricted in any way? (Please describe)			
Medications which Camper is bringing to Camp		List Other Medical Information/ Concerns:	

I hereby grant my permission to administer, and accept any financial responsibility for any and all medical attention necessary to be administered to my child/ward, in the event of an accident, injury, sickness, etc., while attending the Coerver Coaching Camp. Any representative of the Coerver Coaching Camp is designated to act in my behalf until I have been contacted.

SIGNATURE : _____
(Parent/Guardian)