

# ATHLETE MEDICAL AUTHORIZATION AND RELEASE FORM



DO NOT MAIL – HAND IN AT REGISTRATION

*Without this release, you will not be able to attend World Camp*

In consideration of my daughter becoming a member of Expanding Horizons, Inc. dba World Camp USA (the "Team").

I \_\_\_\_\_ the parent/guardian of

\_\_\_\_\_ (please print player name)

hereby authorize the Team or its representatives to obtain emergency medical treatment on behalf of my daughter in the event that, in the opinion of said Team, my daughter is in need of such treatment. I further agree that I will be responsible for the payment of any and all medical treatment and further release the Team or its representatives for any damages sustained by me in connection with providing of medical treatment. The Team agrees to contact the parents or guardian as soon as is reasonably practical after the event which requires said emergency medical treatment at the telephone number(s) provided to the Team on this form.

I further agree that I will be responsible for the payment of any cost of medical treatment, associated transportation costs or medicines of any nature which may arise in connection with any sickness or accident which may occur during that period that my child is with your team, whether such expense is incurred during or subsequent to the time that my child is traveling with the Team, and will indemnify and hold harmless the Team for any claims for payment by providers of said medical care.

I hereby acknowledge that the risk of injury is involved in sports participation. My child's participation on the Team and in Team sport activities at Camp is freely made and voluntary on my part. I am aware of the risks involved. I agree to hold World Camp USA and its officers, agents, employees, coaches, chaperones and officials harmless from and against any and all claims for injury, costs, liability or damage and in consideration I give my consent for my child named above to train and play field hockey with World Camp USA and participate in all activities while at camp. In addition, I give my permission for my daughter's picture or likeness to be used with, or in, World Camp USA social media (i.e. Facebook) and promotions.

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

Insurance Provider: \_\_\_\_\_ Allergies?: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_