***LEBANON CAMP/CLINIC PARTICIPATION RELEASE CERTIFICATE***



***Parent/Guardian Insurance Knowledge Statement***

I understand that participation in the attached Lebanon Camp/Clinic presents a risk of bodily injury and I am advised that the school’s liability insurance will not cover the cost of medical treatment unless the injury to my son/daughter is found to have resulted from negligence of school personnel.

***Permission For Medical Treatment***

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the Lebanon coaching staff to attend to my son/daughter. I understand attempts will be made to contact me before any treatment or hospitalization is undertaken.

***Please Print Information***

**NAME OF SON/DAUGHTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing below I acknowledge I have read, understand and agree to the Insurance Knowledge Statement and Permission for Medical Treatment.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**