

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 _____