

PASSING INVITATIONAL AND BIG MAN CHALLENGE

Medical Release

I verify that:

(Participant)

Date of last Physical:

Has Medical Insurance with:

(Policy Number)

which effectively covers any medical or dental cost incurred as a result of participation in the Viking Invitational/Big Man Challenge. Further, I authorize the medical staff at the Viking Invitational/Big Man Challenge to seek any necessary emergency medical or dental treatment my child may need during the course of camp.

Parent Signature

Current Medications

Current Allergies

Acknowledgement of Risk

As the parent/guardian of:

(Participant)

I acknowledge the potential risk of injury related to participating in football the physical activities associated with participation in the Viking Invitational/Big Man Challenge. I knowingly and voluntarily on behalf of the participant accept the risk of all such injuries that could occur due to their participation.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Emergency Contact/Number
