



## MEDICAL AUTHORIZATION AGREEMENT AND RELEASE

Student's Name (Camper) \_\_\_\_\_ Camp (circle one): 

Baseball	Basketball	Cheer
Dance	Football	Soccer
Track	Volleyball	Wrestling

Parent's Name(s) \_\_\_\_\_

In an Emergency Notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

List of Medications: \_\_\_\_\_

Medical Insurance Company Name & Policy # \_\_\_\_\_

Policyholder's name \_\_\_\_\_

I verify that \_\_\_\_\_ ("Camper") has been examined by a qualified medical provider and is physically capable of participating in the Camp described in the camp brochure and/or online at [www.cune.edu/sportcamps](http://www.cune.edu/sportcamps). I hereby request you to accept the application for enrollment of Camper for the Camp, and in consideration of your acceptance of the application, we will hereby release Concordia University, Nebraska, its agents and employees from all claims on account of any injuries that may occur while Camper attends Camp, and we agree to indemnify the University, its agents and employees for any claim arising out of or relating to Camper's attendance at Camp. In addition, we authorize all medical and/or surgical treatment that is reasonably necessary to care for Camper while attending Camp.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_