

**ELMWOOD PARK SUMMER CAMP
ATHLETIC CONSENT FORM**

ATHLETE INFORMATION

ATHLETE NAME _____ AGE _____ DOB ____ / ____ / ____ MALE FEMALE

ADDRESS _____ PHONE# _____

SCHOOL ATTENDED LAST YEAR _____ YEAR IN SCHOOL _____

PHYSICIAN _____ HOSPITAL _____ PHONE# _____

In the event of an injury or an emergency, we will attempt to contact a parent or guardian at home or work. If you cannot be reached we will attempt to contact the person listed as the alternate contact. In consideration of Elmwood Park CUSD #401 agreement to allow my child to participate in the athletic summer camp I agree that my child will abide by the rules and conditions of the camp. Further, I agree to waive, indemnify and hold the Elmwood Park CUSD #401 Board of Education, and its agents and employees, harmless from any claims and causes of action that may be related to my child's participation in Elmwood Park CUSD #401 summer athletic camps.

CONTACT _____ PHONE _____ RELATIONSHIP _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

WORK PHONE # _____ CELL PHONE # _____

NAME OF CAMP ATTENDING _____

Please circle t-shirt size for those camps that offer a t-shirt

Men's S

Men's M

Men's L

Men's XL