

**Palgrave Sports Academy  
Summer Sports Camp**

**Health Form**

To be filled out for each participating child.

Child's Full Name:

Child's Age:

Address:

Does your child have any allergies or other medical condition that requires medication to be administered either when experiencing an episode or reaction, or on an ongoing basis?

Please specify:

**Please ensure that all medications (rescue inhalers, epinephrine auto-injectors, etc be brought to camp with your child)**

Does your child have any medical condition that may affect him/her/them from safely participating in any of the camp activities? Please specify:

Can your child administer their medication on their own? ;

Do you consent to camp staff (non medical personnel) administering the child's medication and other emergency procedures should the need arise?:

Is there any relevant information concerning your child's safety in participating in Palgrave Sports Academy's Summer Sports Camp that we should know? Please Specify:

**Family Physician Name:**

Phone:

Address:

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**Parent's Emergency Contact Information:**

Parent 1 Name:

Parent,2 Name:

Parent 1 Address:

Parent 2 Address:

Parent 1 Phone (Home)

Parent 2 Phone (Home)

Parent 1 Mobile:

Parent 2 Mobile:

Parent 1 Work Phone:

Parent 2 Work Phone:

Parent 1 Email:

Parent 2 Email:

**Waiver of Claims**

Exclusion of the Palgrave Sports Academy liability (Richard Hernandez Sports). The undersigned known as parent or legal guardian, acknowledges that neither the Summer Sports Camp, owners, principles, its management, nor any persons employed or affiliated with the Summer Sports Camp shall be liable for any loss, or damages caused to any guest of the Summer Sports Camp and property.

Parent's Name (Please Print):

Parent's Signature:

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Date: