

Olathe North Jamboree Team Camp Dates: June 6 and 27, 2024  
Location: Olathe North High School

Address: 600 E Prairie St. Olathe, KS 66061

2024 Olathe North Jamboree High School Team Camp Medical and Liability Waiver Form.

Each participating team must have an accident medical insurance plan. Individual campers must have coverage through their parent or guardian's medical coverage. Every camper must have insurance and sign this waiver to participate. Forms must be turned in prior to taking the field for camp activities.

Guardian Name: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Insurance Company:  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Release of liability:** the release of liability must be signed by a parent or guardian in order for their child to participate in camp activities.

In consideration of the Olathe North Jamboree High School Team Camp granting the student permission to participate in the football camp, I hereby assume all risks of their personal injury that may result from football camp activity. As parent/guardian, I do hereby release Olathe North Jamboree High School Team Camp, Olathe North High School, as well as all employees, instructors and all participants in said football camp from all liability, including claims and suits at law or inequity, for injury which may result from the student taking part in football camp activities. I also certify that my child has no injury or illness that would limit his participation in camp.

**Medical Authorization:** The medical authorization must be signed for your child to participate in all camp activities:

I hereby authorize and give my consent to Olathe North Jamboree High School Team Camp or any licensed physician or athletic trainer or EMT to perform upon or administer any reasonable, necessary medical treatment to my child attending said football camp. I agree to assume all costs related to such treatment, I understand that I will be responsible to any medical or other charges in connection with the student's attendance at this camp.

I understand that this is my signature stating my declaration and consent that I have read and agree to all terms and conditions listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_