

Signature(s)

By signing this document, Participant acknowledges that if Participant is injured or property is damaged during participation in the activities at SportsLife Camps, Participant may be found by a court of law to have waived his/her right to maintain a lawsuit against SportsLife and YouthWorks on the basis of any claim described in this release.

Adult Volunteer or Camper/Youth Volunteer Parent/Legal Guardian **Name:** *(Please print clearly)*

Adult Volunteer or Camper/Youth Volunteer Parent/Legal Guardian **Signature:**

Date:

Health Conditions

Please list any/all allergies, medications, physical handicaps or restrictions that the SportsLife Camps staff should be aware of:

Date of last Tetanus shot: _____

Insurance Information

Insurance Information

Name of Policy Holder _____

Policy Holder's Phone Number _____

Name of Health Insurance Company _____

Health Insurance Group/Policy Number _____

Phone Number of Health Insurance Company _____

SportsLife Camps Contact Information



Address

SportsLife Camps
3530 E. 28th St.
Minneapolis, MN 55406

Phone Numbers

(612) 722.3023 Office
(877) 601.122 Toll Free
(612) 729.4113 Fax