

MEDICAL RELEASE FORM FOR THE COLORGUARD ACADEMY

Student's Name _____

Date of Birth _____

Graduation Year _____

What is your shirt size (adult sizes)?: S M L XL XXL (circle one)

School Attending _____

CONTACT & EMERGENCY INFORMATION

Student Email _____

Student Home Phone _____

Student Cell Phone _____

Parent Email _____

Mother Cell phone _____

Father Cell phone _____

Mother _____ Father _____

Mailing Address _____

City _____ ZIP _____

Mother's Employer _____ wk. Ph.# _____

Father's Employer _____ wk. Ph.# _____

Family Physician _____ Office Ph.# _____

Medical Conditions _____

Medications _____

Insurance Co. _____ Policy# _____ Group# _____

(Please attach a photocopy of medical insurance card on the back of this form)

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_____ has my permission to participate in all activities sponsored and sanctioned by The Colorguard Academy and/or Leadership Academy. I understand that my child must abide by all rules, regulations, and policies set forth by The Colorguard Academy and/or Leadership Academy, Knox County Schools and the administration of Karns High School. Should my child's behavior jeopardize the health, safety, and/or welfare of other students and/or staff during the camp, I understand that he/she will be sent home immediately. I accept full responsibility for all costs associated with my child's misbehavior and subsequent damage to property and personal injury. I understand that any registration fees paid for membership in the academy will be forfeited in the event that my child can no longer participate for ANY REASON.

In case of illness or injury, I give the camp directors and/or instructors the authority to act on my behalf in seeking medical attention for my child. I will accept the financial responsibility for all medical treatment and associated costs. I will not hold the academy directors or any paid or volunteer camp staff members responsible for any costs associated with the treatment of my child.

Parent Signature _____ Date _____

Notary Seal _____ Date _____

[This form must be notarized]