

SKY'S THE LIMIT SPORTS MEDICAL FORM

This form must be turned in during registration at camp. If you have a copy of the physical, fill out insurance information, sign, and attach a copy of a school/football physical dated not more than one year ago from the last day of camp.

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Exam: _____ (Valid for 1 year)
Please indicate which camp location attending: _____

To be completed by physician or attach copy of school exam:

Height: _____ Appearance: _____
Weight: _____ Skin: _____
B/P: _____ Respiratory: _____
Pulse: _____ Cardiac: _____

Detail limitations, conditions, or regular medications (OTC or RX)

I have recently examined the above named camper and find him to be in good physical condition and fully able to participate in the activities of "HITT" Football Camps.

Medical Signature: _____ Date: _____

MEDICAL INSURANCE INFO

Major Medical Insurance Company _____
Policy # _____ State _____ Holder _____

PARENTAL PERMISSION WAIVER

I hereby authorize the staff of Sky's the Limit Sports, its directors, agents, athletic trainers, and hospital to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release Sky's the Limit Sports, its employees, sponsors, suppliers and facilities from any and all liability in excess of \$3000 (\$500 deductible) for expenses incurred due to sickness or accidental injury sustained while participating in camp activities. I know of no mental or physical problems that might adversely affect my child's ability to participate. I hereby grant Sky's the Limit Sports permission to use any photographs or video of my child for promotional purposes.

Parent/Guardian Signature: _____ Date _____

*****EMERGENCY NUMBER WHILE CHILD IS AT CAMP*****

NAME: _____ PHONE: _____

YOU CANNOT BE ADMITTED TO CAMP WITHOUT THIS FORM
BRING THIS FORM WITH YOU TO REGISTRATION ON THE FIRST DAY OF CAMP