



Sports Camp Medical Waiver



Participant Information

- Participant Name: _____
- Date of Birth: _____
- Address: _____ **Name and date provided by**
- City, State, Zip: _____ **MiHomeGrown Athletics digital**
- Emergency Contact Name: _____ **registration process.**
- Emergency Contact Phone Number: _____

Medical Information

- Allergies: _____ **Name and date provided by**
- Medications: _____ **MiHomeGrown Athletics digital**
- Medical Conditions: _____ **registration process.**

Insurance Information

- Insurance Company Name: **I certify that the listed player will be**
- Policy Number: _____ **covered by personal medical insurance**
- Group Number: _____ **through the entirety of the camp**
- Insurance Company Phone Number: _____

Consent for Medical Treatment

I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor/participant, in the event of a medical emergency which, in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the participant's life, physical disfigurement, physical impairment, or undue pain, suffering, or discomfort, if delayed.

Permission is also granted to MI HomeGrown Athletics and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the participant's admission to the medical facility.

This authorization is granted only after a reasonable effort has been made to reach me.

Acknowledgement

By signing below, I acknowledge that I have read and understand the terms of this waiver and release form:

- Printed name of Guardian: Name and date provided by
- Signature of Guardian: MiHomeGrown Athletics digital
- Date: registration process.

Please ensure this form is completed and returned to MI HomeGrown Athletics administration prior to participation in any camp activities.