

Bryant University Women's Field hockey Camp 2018 Medical Information

(Please print all information requested)

ATTENDEE_____

PERMISSION FOR EMERGENCY TREATMENT: I hereby grant permission to the BRYANT UNIVERSITY WOMEN'S Field hockey CAMP to hospitalize and secure proper treatment for my daughter_____ in case of a surgical or medical emergency, major or minor provided, she is unable to communicate with me, and when delay might endanger the life or health of my daughter.

PERMISSION TO PARTICIPATE: I individually and as the father/mother/or guardian, do hereby give my permission to my daughter to participate in the BRYANT WOMEN'S Field hockey CAMP, and use the facilities of Bryant University in connection with the soccer program. In consideration of your enrolling my daughter in the clinic, I agree to indemnify and hold harmless Bryant University and all it's trustees, officers, agents and employees from all claims, liability, loss and damage and expense which may in any way arise from my daughters participation in the BRYANT WOMEN'S Field hockey CAMP including with limitation, all claims which my daughter, her parent, or guardian may have for personal injuries to other person which are caused by my daughter. To the best of my knowledge and belief, my daughter is of sound health and I know of no reason why she cannot participate in the program offered by the BRYANT WOMEN'S Field hockey CAMP.

I am aware that the clinic's medical insurance will cover only those cost that my own medical insurance does not cover.

Signature_____Date_____

Medical

Emergency Name & Phone Number_____

Medical Insurance Company & Policy Number_____

Please list any additional medical information that the clinic should be made aware of:

