



PO Box 187, Santa Margarita, CA 93453 Office: 805.438.4729 Fax: 805.438.4729

Please fill-out the medical information, insurance and sign the waiver. THIS FORM MUST BE COMPLETED, SIGNED, AND PRESENTED AT REGISTRATION.

MEDICAL CONDITIONS:

Do you have any of the following medical conditions? If yes, please list condition and medication (if any).

Allergies: Yes ___ No ___ If yes, please list _____
Asthma: Yes ___ No ___ If yes, do you use an inhaler? Yes ___ No ___
Diabetic: Yes ___ No ___ Do you take insulin? Yes ___ No ___
Seizures: Yes ___ No ___ If yes, taking medications? Yes ___ No ___
Recent injuries: Yes ___ No ___ If yes, please list _____
Current Medication Yes ___ No ___ If yes, please list _____

If your child is taking any medication please put it in a zip lock bag, clearly labeled with your child's name and give it to our trainer at registration.

In the event that your child needs medical attention, please list your current medical insurance information:

_____ Name of Insurance Company	_____ Policy Number	_____ Group Number
_____ Primary Care Provider Name	_____ Phone Number	
_____ Emergency Contact Name	_____ Phone Number	_____ Cell Number

PLEASE READ CAREFULLY:

By signing this legal document, you are giving up any legal rights you may have to sue National Competition Camps in court for money damages.

Name of Event: West Coast Invitational Competition Camp
Date of Event: **Saturday, March 22, 2008**

I _____ (Participant) desire to participate in the West Coast Invitational Competition Camp (the Event), conducted by National Competition Camp. In exchange for participating the Event, I agree for myself and my heirs, estate, insurers and assigns to fully release National Competition Camps and its affiliated companies from any damages, injuries (including death), lawsuits, expenses (including attorney fees) and any other liability, of or to me or any other person, in connection with my participation in the Event. I HAVE READ THIS RELEASE CAREFULLY, FULLY UNDERSTAND IT and VOLUNTARILY AGREE TO ITS TERMS.

Signature: _____ Date: _____

Address: _____

I am the parent/legal guardian of Participant. On behalf of Participant, Participant's parents or guardians, heirs, estate, insurers, assigns and anyone else who may make any claim for or on behalf of Participant, I hereby agree: (1) to all, and will cause Participant to comply with, the above terms; (2) to hold harmless, indemnify and reimburse National Competition Camps from and for any sums, costs or expenses (including attorney fees) incurred or paid by National Competition Camps to any person in connection with any loss, damage or injury (including death) arising out of Participant's participation in the Event. I HAVE READ THE RELEASE AND THIS AGREEMENT CAREFULLY, FULLY UNDERSTAND THEIR CONTENT and VOLUNTARILY AGREE TO THEIR TERMS.

Parent/Guardian Signature: _____ Date: _____

Address: _____

Becoming A Champion Starts Here