

Informed Consent Form

I hereby give my permission for \_\_\_\_\_ to participate in the Putnam Valley Summer Camp in the sport/activity of CHEERLEADING and my child is in good health, and does not have any health related restraints that would not allowed him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District and the camp instructors. My child and I are aware that participating in CHEERLEADING CAMP is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 2:00 pm each day.

Further, I authorize the Camp Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

***Emergency Contact Information:***

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Known Allergies: (Medical, Food or other) : \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Other Person to contact in Case of Emergency: \_\_\_\_\_

Relationship with person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***I understand this informed consent form and agree to its conditions.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childs grade in September 201: \_\_\_\_\_

**Shirt size- please circle one**

YS    YM    YL    AS    AM    AL    AXL