

☐ **CAMPER**
☐ **STAFF**



Medical Release Form for
MIDDLEBURY COLLEGE HOCKEY CAMP
July 2025

Name of Camper/Athlete _____
Last / first / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my child _____ to participate in all camp activities at the Middlebury College Hockey Camp. I hereby grant permission to those parties supervising the Middlebury Hockey Camp, to obtain emergency treatment for my child _____ if necessary.

(Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury College Hockey Camp their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury Hockey Camp.

(signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director, Jack Ceglarski, to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

(Signature of PARENT/GUARDIAN)

Is there any medical aspect we need to know about your child? If yes, please provide an explanation below.

Please

List any allergies to medications below:

Name of Insurance Company _____

Insurance Policy No. _____ (

Family Physician or Clinic _____ Phone _____

Address _____

Students Full Name _____

Address _____

Home Phone () _____ Business Phone () _____

Emergency Contact _____ Relationship _____

Home _____ Work _____

Student's Signature

Parent/Guardian Signature

Please submit ALL FORMS by July 31, 2024