

MILLERSVILLE MEDICAL WAIVER/INSURANCE FORM

Millersville Athletic Event Attending: _____
Sport Field Hockey Dates Attending ___/___/___



Participant First Name _____

Participant Last Name _____

Parent/Guardian Name _____

Address _____

City _____ **St** _____ **Zip** _____

Campers Cell (____) _____

Parent/Guardian Cell (____) _____

Primary Contact Email _____

School _____

Position _____

Age @ Camp/Clinic _____

Grade Level @ Camp/Clinic Time _____

Playing Level V JV MidSc Beg

Total Years of this sport played _____

Insurance Co _____

Policy # _____

Medical Concerns _____

Allergies _____

Please list any medical or other pre-existing conditions you would like us to be aware of or that you feel would inhibit the participant's participation in any manner: _____

I hereby give permission for my child to be medically treated for injuries or illness during participation in the Millersville University above stated athletic event. I also acknowledge that the participant listed above is healthy and has no physical problems that would prevent participation in the athletic event signed up for. I hereby acknowledge that primary insurance coverage rests with the participant, parents and or guardian.

Signed _____

Date _____

(Must be signed by parent or guardian if under 18)