
**Please attach a copy of your health insurance card (front and back)
to this form. Please bring to camp and turn in when you register.**

SPIRIT OF ATLANTA – Parental Consent Form

This form must be completed and signed to complete a camper's registration and for the camper to be allowed to check in and participate in camp activities.

School _____ Band Director (if applicable) _____

Camp Attending **Spirit U** Dates **June 14-16, 2018**

Student Name _____

Birth date _____ Grade 2018-19 School Year _____ Age on June 1 _____ Sex _____

Address _____

City _____ State _____ Zip _____

To accommodate individuals with special medical needs, please check all that apply:

_____ Use a C-PAP machine _____ Physical limitations _____ Other _____

Parent / Guardian / Other Emergency Contacts (Please print)

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____ Relationship _____

List the names and telephone numbers of two individuals to contact in the event of emergencies (include home, work, and cell phone numbers) _____

List any medical alerts, **ALLERGIES** and/or prescription medication (with doses) currently taking

If you DO NOT have any medical alerts, ALLERGIES and/or you are NOT taking any prescription medication, initial this box: _____ None

(over)

Attention All Parents:

I hereby give my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency. In addition, I acknowledge that I have read and understand all information provided.

I hereby hold The University of West Georgia, The Board of Regents for the State of Georgia, Friends of Spirit, Inc., Spirit of Atlanta Drum and Bugle Corps and Spirit U., harmless for any/all injuries or damages for the above child's participation in camp activities and I do, for myself, my heirs, executors and administrators, remise, release, waive and forever discharge The University of West Georgia and the Board of Regents for the State of Georgia and all of their officers, agents and employees, acting officially or otherwise, and Friends of Spirit, Inc., and all of its officers, directors, agents and contractors, acting officially or otherwise, from all claims demands, actions, or causes of action, on account of any injury, death or property damage which may occur at any time or for any cause during their participation in a Spirit U. or University of West Georgia, camp/event.

It is agreed that this waiver of liability is submitted to The University of West Georgia, Friends of Spirit, and Spirit U., as an inducement to include the said student in this event and that this agreement is signed as the undersigned's free and voluntary act with full knowledge of the contents of this agreement.

I hereby grant to Friends of Spirit Inc., and its affiliates, and each of their respective direct and indirect successors, licensees and assigns on a non-exclusive basis, the right to use my child's name, image, likeness and biographical information for the limited purpose of promoting and advertising of Spirit U camps.

Parent _____ Date ____ / ____ / ____

Health Insurance Provider _____

Policy Number _____

If you do not have health insurance, please complete the following and sign below:

I, _____ (Print Parent and/or Guardian's Name) agree that I will be responsible, and pay for any and all medical procedures required for _____ (Print student's name), during the 2018 Spirit U. Camp held June 14-16, 2018.

Please bring to camp and turn in when you register.