

O-D Lineman Academy Camp

PARENTAL CONSENT FORM FOR CHILD PARTICIPATION - **REQUIRED**

As the parents/legal guardian of _____(child's name), I hereby give my full consent and approval for my child to participate in the O-D Lineman Academy Camp. I authorize the O-D Lineman Academy Camp representatives to use any photograph or article about my child for publicity purposes. I understand that violation of camp rules may result in dismissal from the camp with all fees forfeited. Additionally, I/We have read, understand, and agree to this policy.

I/We understand that BW Sports carries limited Insurance Coverage for medical and hospital expenses, with a given deductible and a specified maximum for each accident incurred. BW Sports is considered as a secondary and separate insurance, when there is a valid collectable coverage provided by the parents. In executing the foregoing, I/We hereby acknowledge and represent that: (1) I/We understand that any claim for medical service which arises out of injury must be reported to BW Sports Representative immediately, and the camp insurance administrator within three days of the date of the injury; (2) I/We have read the release and understand it, and sign it voluntarily; and (3) I/We agree that my registration fee does not constitute payment for insurance.

In the event of an emergency in which my child requires medical care, I authorize the Staff of the O-D Lineman Academy Camp to act for me and to obtain for him/her whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment, but not limited to, hospitalization and surgery. I understand I will be responsible for any medical or other charges in connection with his/her attendance at the tournament.

Please list any physical or emotional limitations and medications your child may have such as allergies, sight, asthma, heart condition, or high blood pressure, etc.)

_____ Date of birth: _____ Phone No: _____

(Print Child's name)

_____ Date: _____

(Print Parent/Legal Guardians Name) Signature