

BULLDOG WRESTLING CAMPS AT THE CITADEL

Medical Consent Form

July 5 – July 13, 2012

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delay will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for the diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child:

Signed _____ Date _____ Relationship _____
Family Insurance Co. _____
Company Address _____
Group # _____ ID # _____
Subscriber Name _____

Is there any previous injuries, serious allergies, or current medications your child is taking that our athletic training staff needs to be aware of? _____

Has your child passed a routine physical in the last year? YES ___ NO ___

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Bulldog Wrestling Camp, including related camp activities. It is my understanding that participation in the activities that make up the Bulldog Wrestling Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the Bulldog Wrestling Camp, I covenant not to sue the camp program, The Citadel, The State of South Carolina, their officers, servants, agents, or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

Parent/Guardian signature: _____ Date _____

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Camper's signature: _____ Date _____

Please send medical/parent consent form to:
The Citadel C/O Wrestling Office
171 Moultrie Street
Charleston, SC 29409-0560
Or fax to (843)953-6727 attn: Wrestling office