

**Princeton**University  
**SPORTS CAMPS PARENTAL RELEASE FORM**  
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*This form must be completed in FULL, including signature of Parent or Guardian, and brought to check-in. Faxed or mailed copies will not be accepted. Campers will not be allowed to participate without both the Parental Release and Health Forms completed in full. If attending multiple camps, please make copies of both forms and bring a separate copy to each check-in. The same form cannot be used for multiple camps.*

**Camper's Name** \_\_\_\_\_

**Emergency Contact Name and Number** \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian) (name of camper)  
attend and participate in the Princeton University \_\_\_\_\_  
(name of camp) (dates of camp)

I authorize the staff of the camp to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.  
**(PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT CAMP. THE DUTIES OF CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE.)**

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to make any claims or demands against camp staff or Princeton University for any injury sustained.
5. agree to allow the Camp Director to use his/her judgment in obtaining necessary medical care, at the expense of the parent.
6. agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.

I can be reached by phone during the day at: \_\_\_\_\_ and in the evening at:  
\_\_\_\_\_.

An alternative/emergency contact person is: \_\_\_\_\_ and can  
be reached by phone at: (DAY) \_\_\_\_\_, (EVE.) \_\_\_\_\_.

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

