

Medical Release Form

It is the responsibility of the camper's parents or legal guardian to ensure that the camper is healthy and has no physical problems which would prevent the camper's participation in camp activities.

Responsibility for primary medical insurance coverage rests with the camper.

Camper's Name _____

Policy Holder's Name _____

Insurance Company _____

Policy Number _____ Parent/Guardian _____

Special Medical Needs _____

This certifies that _____ has had a physical examination by a licensed physician in the past year and is free from any illness or injury that would prevent him from participating in any activities while he is present at camp.

Emergency Contact Number _____

Parent/ Guardian Signature _____ Date _____

Authorization and Release

I understand that Next Generation Academy retains the rights to use photographs, video or audio recordings in any media taken during camp for publicity and advertising purposes. No compensation will be given for the use of media.

Name (print full name) _____

Signature _____

Relation to subject (if subject is a minor) _____

PLEASE FILL OUT AND MAIL IN OR BRING ON THE FIRST DAY OF CAMP



WWW.NEXTGENERATIONACAD.COM



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