

MEDICAL WAIVER

WE/I THE PARENT(S)/GUARDIAN OF THE STUDENT UNDERSTAND THAT PARTICIPATION IN ANY NORTH SCOTT SPORTS CAMP COULD RESULT IN INJURY OF TEMPORARY OR PERMANENT TYPE TO MY/OUR CHILD.

WE/I GIVE CONSENT FOR COACHES, TRAINERS AND TEAM PHYSICIANS TO USE THEIR OWN JUDGEMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE THE PARENT/GUARDIAN CANNOT BE REACHED.

WE/I ALSO VERIFY THAT MY CHILD IS COVERED BY HEALTH AND ACCIDENT INSURANCE.