

2024 Little Lady Eagles Summer Camp Waiver



CAMPER _____

SIBLING CAMPER _____

EMERGENCY CONTACT 1 _____

PHONE NUMBER 1 _____

EMERGENCY CONTACT 2 _____

PHONE NUMBER 2 _____

This camp is physically demanding, and all players should have recent medical examinations prior to attending. The Lady Eagles Camp Staff will use accepted methods of training and safety at all times. Each camper is responsible for having their own health insurance.

In the event an injury or emergency should occur during camp, I hereby give my permission for camp staff to seek appropriate medical attention for my camper/s listed above. I understand that I am responsible for any and all medical coverage and release Cumberland Valley School District, basketball staff, players and Booster Club of any liabilities.

Parent/Guardian name _____

Signature _____ Date _____