



UBC Sport Camps Consent Form

PARTICIPANT INFORMATION

Name of Participant: _____ Birthdate: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: (home): _____ (work) _____ (cell) _____

Relationship to Participant: _____

List any medications, medical conditions and/or allergies: _____

MEDICAL INFORMATION (BC Residents)

Family Doctor: _____ BC Care Card #: _____

Phone: (office): _____ (pager/cell) _____

MEDICAL INFORMATION (Out of Province)

Medical #: _____ Province: _____

Travel Insurance Provider: _____

****Note: Proof of provincial or travel insurance must be provided before start of camp****

SIGN-OUT POLICY

All participants under the age of 14 years must be signed out of camp. You may give your child permission to sign himself/herself out if you wish.

- Yes, my child has permission to sign himself/herself out of camp.

Parents Signature: _____

PARENT/ LEGAL GUARDIAN CONSENT

I hereby grant _____ (child's name) permission to participate in the UBC Sport Camps. I understand that my child will be participating in athletic activity where there lies an inherent risk of injury, and I assume all risk of injury that may result. I authorize the University of British Columbia to provide or cause to be provided such medical services as the UBC medical personnel deem appropriate.

Signature of Parent/ Legal Guardian: _____

Printed Name of Parent/ Legal Guardian: _____

Relationship to Participant: _____ Date: _____

Please fax or mail this form to the UBC Sport Camps office before the first day of camp.

**6066 Thunderbird Blvd.
Vancouver, BC V6T 1Z3
Phone: 604-822-6121
Fax: 604-822-2025**