

Emergency Information

Player Name: _____

Birthday (M/D/YY): _____

Insurance Co: _____

Policy/Group#: _____

Family Physician: _____



Medical Information

Allergic reactions: _____

Medication presently taking: _____

Past Illness or other useful information in the event treatment is necessary:



In case of emergency, I authorize treatment by the camp trainer and/or staff and/or my family physician and/or any medical facility.

(Parent Signature)

I hereby authorize staff of the Roader Youth Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive & release Roader Youth Camp staff from any & all liabilities for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named campers participation in the camp program.

(Parent Signature)



Brunswick High School

Coch Jeremiah Smith
101 Cumming Drive
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21716

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E-mail: Jeremiah.Smith@fcps.org



**2021 Roaders
Youth Football
Camp**

July 19-July 22, 2021

6:00-8:00 pm

**For Grades 1 to 8 in
the Fall of 2021**

**At Brunswick
Youth Sports Complex**