

# Anasazi Training Camp

## Camper Insurance, Liability & Transportation Form

### Camper Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Insurance Information

Provider: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Medical Information

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Conditions/Allergies/Medications: \_\_\_\_\_

### Liability Waiver & Assumption of Risk (Arizona)

I understand that participation in athletic activities involves inherent risks including injury or death. I voluntarily assume all such risks on behalf of my child.

To the fullest extent permitted under Arizona law, I release and hold harmless Anasazi Training Camp, its staff, and affiliates from any claims or liability arising from participation, including negligence, except

for gross negligence or willful misconduct.

I certify my child is physically fit to participate.

**Transportation Authorization**

I give permission for my child to be transported by Anasazi Training Camp staff for camp-related activities if necessary.

I understand transportation may include vans, buses, or staff vehicles.

I release and hold harmless Anasazi Training Camp and its staff from liability related to transportation, except in cases of gross negligence or willful misconduct.

Special Instructions (if any): \_\_\_\_\_

**Authorization & Consent**

I authorize emergency medical treatment if necessary and accept financial responsibility.

**Signatures**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_