

2026 Excite! Camp Medical Release and Liability Waiver

Camper Information: Team: _____

First Name: _____ Last Name: _____ Date of Birth _____ Age _____

Guardian Information:

Name: _____

Address: _____

Email Address: _____ Cell Phone: _____

Emergency Contact Information:

Contact #1: Name: _____ Relationship: _____

Cell Phone: _____

Contact #2: Name: _____ Relationship: _____

Cell Phone: _____

Camper Medical Information: *A copy of the front and back of your insurance card is required. If you are self-pay, you must notate that below. *

Medical Insurance: _____

Policy # _____ Phone #: _____

Policy Holders Name: _____

Physician: _____ Phone #: _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & LIABILITY WAIVER MUST BE COMPLETED BEFORE PARTICIPATING (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURIES WOULD BE BASED ON INFORMATION PROVIDED HEREIN. I, the undersigned participant and parent/ guardian of the above listed minor (if participant is under the age of 18), acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injuries, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used and further, that there may be other unknown risk not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibilities for the damages following such injury, permanent disability or death hereby release discharge, covenants to indemnify and not to sue Excite Gym & Cheer LLC, its directors, officers, employees, coaches managers, agents, sponsors, gym assigned volunteers, and associated personnel including those of its affiliated organizations. I specifically agree that my agreement to indemnify and hold harmless Excite! Gym & Cheer LLC, it's staff, directors, counselors, employees, volunteers, or agents and lessors, includes all litigation costs and attorney fees for any litigation brought on by myself, on behalf of the minor, if applicable, or any other family member. I understand agree to transportation by Imperial Charter Services to camp and returning from camp. I am aware I am able to drive my child or stay at the campsite at my own costs as the parent to the minor.

Parents/ Guardians Signature: _____ Date: _____

CAMPER NAME: _____

2026 Excite! Camp Medication/ Triage Information

Camper Name: _____ Team _____ **Epi Pen Yes/ No**

Date of Birth: _____ Age _____ Weight _____

Allergies: _____

Food Allergies: _____

Please circle all that currently apply (please explain as needed):

- | | | | |
|----------------------|------------------|--------------------------------|--------------------|
| Concussion | Diabetes | Frequent headaches/migraines | Fainting/Dizziness |
| Heart defect/disease | Bed wetting | Trouble falling/staying asleep | Sleepwalking |
| Joint/back problems | Seizure disorder | Wears glasses/contacts | Asthma/wheezing |

Female campers: Menstruating? Y/N Normal menstrual history? Y/N Camper been informed? Y/N

Medication Schedule: Please fill out this section for any medication (prescribed or over the counter) used daily or weekly that needs to be given at camp. ALL medication must be given to the nurse and cannot be kept in the cabins.

1. Medication Name: _____ Prescribed (circle one): YES or NO
Day(s) and Time(s) Given: _____
Dosage Amount: _____
Any Additional instructions (must be taken with food,etc): _____

2. Medication Name: _____ Prescribed (circle one): YES or NO
Day(s) and Time(s) Given: _____
Dosage Amount: _____
Any Additional instructions (must be taken with food,etc): _____

3. Medication Name: _____ Prescribed (circle one): YES or NO
Day(s) and Time(s) Given: _____
Dosage Amount: _____
Any Additional instructions (must be taken with food,etc): _____

CAMPER NAME: _____

Camp Meds: This will only be given if our Nurse feels it is necessary. Please circle below what you will allow and not allow for your child to have while at camp.

Tylenol: Y/N Ibuprofen: Y/N Benadryl: Y/N Tums: Y/N Pepto Bismol: Y/N

Hydrocortisone Cream: Y/N Cough Drops: Y/N Benadryl Cream: Y/N Robitussin: Y/N

Claritin: Y/N

WE WILL PROVIDE WOUND CLEANSER, NEOSPORIN, AQUAPHOR, VASELINE, GOLD BOND POWDER, EAR DROPS AND EYE DROPS AS NECESSARY. BY SIGNING BELOW, YOU AGREE TO THE ADMINISTRATIONS OF SCHEDULED AND AS NEEDED MEDICATIONS TO YOUR CHILD AS NEEDED AND DIRECTED ON THE MANUFACTURERS LABEL.

Parent Signature: _____ **Date:** _____

CAMPER NAME: _____

CAMPER NAME: _____