



Aspire to Inspire Summer Medical Camp

Application and Medical Release Form

Student Name: _____ Gender: Male Female

Birth Date: _____ Age: _____ Grade in School: _____

E-mail Address: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Parent's Cell #: _____

If parent/guardian is unavailable in case of emergency, please contact:

Name: _____ Relationship: _____

E-mail Address: _____ Cell #: _____

I approve of this student's participation in this event and certify that he/she is in good health and able to participate in all activities. I hereby voluntarily assume all risk of accident or injury to my child which may arise from his/her participation in this event, completely releasing American University of Health Science (A.U.H.S), and AUHS Foundation, Aspire to Inspire Summer Med Camp, as well as all associates with this program from any liability caused from his or her participation. If medical attention is required for illness or inquiry while this child is attending this event, I give my permission for such care.

Insurance company: _____

Group I.D. #: _____

Subscriber I.D. #: _____

Allergies: _____

Parent's Signature: _____ Date: _____

I hereby grant AUHS Aspire to Inspire Summer Med. Camp permission to take and use this child's/ student's images in the university marketing promotions such as but not limited to printed materials, websites, press releases, and video. I agree images used are the property of the camp and the host university, and they may not be sold or resent without any written consent of the camp and university.

Parent's Signature: _____ Date: _____

