

ALLAN TRIMBLE SPORTS, LLC

JTA PERFORMANCE CAMP AND JTA PADDED CAMP

MEDICAL CARE RELEASE

If, for any reason, I cannot be reached (or in the event of an emergency or deemed emergency), I authorize appropriate transportation and medical care of my child or ward to any appropriate medical care provider, hospital, or medical facility. I authorize Allan Trimble Sports Performance Camp (the "Camp") (a privately owned and operated camp by Allan Trimble Sports, LLC ("ATS")), and Camp employees, coaches, trainers or staff to make necessary decisions and take appropriate actions in such emergency situation on behalf of my child or ward. The authorization does not cover major surgery unless at least one doctor or dentist concurs to the need thereof.

(PLEASE CHECK ONE) I, ____ DO or ____ DO NOT give my consent to attending physician to provide the employees, coaches, trainers or staff associated with the Camp such information regarding my child's or ward's medical records as they may relate to the treatment of any injury.

I HAVE CAREFULLY READ, REVIEWED, UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS OF THIS MEDICAL CARE RELEASE.

PARENT/GUARDIAN SIGNATURE (REQUIRED)

CAMPER'S FIRST/LAST NAME (PRINT PLEASE)

PARENT/GUARDIAN (PLEASE PRINT FULL NAME)

DATE