

TENNESSEE TECH UNIVERSITY CHEER CAMP
MEDICAL RELEASE & EARLY DEPARTURE FORM

This form is to be completed and returned to Tennessee Tech two weeks prior
to your date of camp.

**IF THIS IS NOT SIGNED BY THE CAMPER'S PARENT AND
NOTARIZED, THE CAMPER MAY NOT ATTEND CAMP!**

Please supply the following in ink:

Squad (Varsity, JV, Fresh, Jr.Hi, Middle)		Name of Sponsor	Sponsor's Phone
Name of Camper (please print)	Parent or Guardian (please print)	School (please print)	
Social Security Number	Address	Address	
Address	City State Zip Code	City State Zip Code	City State Zip Code
City State Zip Code	Home Phone	Phone	
Phone Date of Birth	Work Phone		

PARENT INSURANCE COMPANY _____
INSURANCE POLICY NUMBER _____
ADDRESS OF INSURANCE COMPANY _____

*** PLEASE ATTACH A COPY OF FRONT AND BACK OF INSURANCE CARD IF POSSIBLE ***

This is to certify that the Cookeville Regional Medical Center and/or other authorized medical personnel have my permission to administer medical treatment to _____ of _____.
Camper School

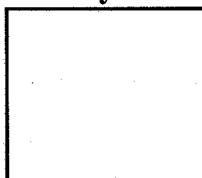
1. Approximate date of last tetanus shot _____.
2. If this camper is allergic to any medication or has any special health problems, please specify:

3. If this camper is taking any medication, please specify: _____

4. In case of early departure, _____ may be released to the custody of the following people (including parents:)

1. _____
2. _____
3. _____

Notary Seal



Sworn to and subscribed before me
this ____ day of _____, ____.

Commission Expires: _____

Signature of Parent or Guardian

Date

Notary Public Signature