EMERGENCY FORM – BPSC Inc.

NAME OF STUDENT _____

ADDRESS _____Home Phone_(____)_____

CITY_____ST_____ZIP_____

DATE OF BIRTH _____ SEX _____ HEIGHT _____ Weight _____

PARENT (or guardian) NAME _____

ADDRESS _____Work Phone_(___)_____

CITY _____ ST _____ ZIP_____

Please give us the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s):

_____ _____
NAME OF CARRIER CERTIFICATE NUMBER

_____ _____
NAME OF CARRIER CERTIFICATE NUMBER

Does this student have any chronic or acute medical problems? _____

Please explain: _____

List any allergies to food, pollen, or medicine: _____

List nay medications being taken at present: _____

MEDICAL RELEASE FORM

My son/daughter has permission to attend the Brandy Perryman Shooting Camp. I fully realize that injury or illness could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child if necessary, at a local hospital. I also realize that secondary insurance coverage is available through the camp.

Parent or Legal Guardian _____ Date _____