

**Coerver<sup>®</sup> Coaching**  
**Medical Release Form**  
**THIS FORM MUST BE NOTARIZED**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

My Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Our Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Medications which the camper is bringing to camp \_\_\_\_\_

\_\_\_\_\_

Please describe any restrictions or limitations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I hereby grant my permission to administer all medical attention necessary for my child/ward in the event of an accident or injury, while attending a Coerver<sup>®</sup> Camp and I will accept all financial responsibility therefore. I hereby designate any representative of Coerver<sup>®</sup> Coaching to act on my behalf until I have been contacted.

Signature (Parent/Guardian) \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_



OFFICIAL PARTNER

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