

Medical Information and Authorization Form

Authorization

I am permitting my son/daughter _____ to participate in the Philadelphia Rock Gym Summer Camp programs. I, the undersigned, authorize the Youth Director and his/her appointees, in event of an accident or illness affecting the above named participant, to authorize on my behalf all procedures, including admission to hospital and necessary treatment, as he/she may deem essential for the care and well-being of said participant. Such action is taken when immediate contact with the undersigned cannot be made.

I understand that pictures taken during the program may be used for promotion. All information collected will be used only for purposes relating to participation of summer camp.

Signature: _____ Date: _____

Medical Information:

List any food allergies: _____

List any medical requirements, including medications or medication allergies: _____

Family Doctor's Name: _____ Phone #: _____

Insurance Policy # _____ Insurance Company: _____

Send complete Medical Form and Waiver to:

PRG Climbing Center
255 S. Mount Airy Rd
Valley Township, PA 19320

For more information or any questions:

Call Randi Goldberg
877-822-7673
or visit www.philarockgym.com.