

Bishop Dunne Catholic School
2008 Athletic Summer Camps

MEDICAL RELEASE

I certify that my child has been examined by a physician and found to be in good health and able to compete in this camp without restriction. Furthermore, I authorize the directors of the Bishop Dunne Catholic School Summer Camps to act for me according to their best judgment in an emergency requiring medical attention if I cannot be reached. I hereby release the Bishop Dunne Catholic School Summer Camps Staff, Bishop Dunne Catholic School, and the Diocese of Dallas from all claims in case of injury or illness to my child while attending the camp.

Parent or Legal Guardian's Signature

Date _____

Please sign and return along with your full non-refundable payment to:

Bishop Dunne Summer Camps
3900 Rugged Drive
Dallas, TX 75224