**BASKETBALL CAMP**

**REGISTRATION**

Name Age Grade

 Upcoming School Year

Address City

Telephone

  *Home Work Cell*

Shirt Size(Circle One) **Youth:**  S M L **Adult:**  S M L

**MEDICAL RELEASE**

As the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment of the above minor. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player’s Birth \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_

 *Month Day Year* *Month Day Year*

Known allergies of this player, including any allergies to medicine

Any other medical problems which should be noted

 *Use reverse side if needed*

Family Physician Phone

Family Dentist Phone

Name of Parent/Guardian

Address

City/State/Zip

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for charges (if different from above)

Address

City/State/Zip

Phone (H) \_\_ (W) \_\_\_ (C)

Insurance Carrier Policy Number

Person to notify is parent/ guardian is unavailable

Phone (H) \_\_ (W) \_\_\_ (C)

Signature of Parent/Guardian