

Parents/Guardians Assumption of Risk and Acknowledgement:

I verify that my child (_____) has been checked by a licensed physician and is physically able to participate in the Dan Earl Basketball Camps. In addition, I understand that attendance at a basketball camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that this camp is not operated or controlled by the Virginia Military Institute, its trustees, officers, employees, agents and any and all affiliated departments. I understand the parties listed above as well as Dan Earl Basketball Camps and its employees are not responsible for any and all liability, causes of action, claims and/or demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

I hereby give my permission for my child to be medically treated for injuries or illness during his or her stay at Dan Earl Basketball Camps. I have delivered notice of any medical problems or abnormalities, which could affect my child's week at camp.

Signed: _____ (parent or guardian)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Information

Please list any allergies to food/medicine/drugs, asthma, or any other medical information:

Please list any medications that are currently being taken:

Health Insurance Company: _____

Policy Holder: _____

Policy Group Number: _____