

MIKE JONES BASKETBALL CAMP

CAMPER NAME: _____

ELITE CAMP OR DAY CAMP

CIRCLE CAMP ATTENDING

MEDICAL CONSENT/RELEASE

IN SIGNING THIS RELEASE, I ATTEST AND VERIFY THAT MY CHILD HAS FULL KNOWLEDGE OF THE RISKS INVOLVED WITH THE SPORT ASSOCIATED WITH THE CAMP HE/SHE IS ATTENDING. MY CHILD IS PHYSICALLY FIT AND DOES NOT HAVE DISEASE OR INJURIES THAT WOULD MEDICALLY PROHIBIT HIM FROM PARTICIPATING IN CAMP I DO HEREBY RELEASE OFFICERS, INSTRUCTORS, AND EMPLOYEES FROM ANY RESPONSIBILITY OR LIABILITY FOR RECURRENCE OF ANY PRE-EXISTING, AND UNDISCLOSED INJURY OR ILLNESS OR ANY PERSONAL INJURY OR PROPERTY DAMAGE TO MY OWN CHILD DURING THE MIKE JONES BASKETBALL CAMP AND BECAUSE OF CAMP PARTICIPATION. I ALSO GIVE PERMISSION FOR ANY EMERGENCY PROCEDURES THAT ARE DEEMED NECESSARY FOR MY CHILD DURING CAMP.

SIGNATURE OF PARENT

DATE

EMERGENCY CONTACTS

NAME: _____

NAME: _____

RELATION: _____

RELATION: _____

PHONE: _____

PHONE: _____

INSURANCE INFORMATION

NAME OF POLICY HOLDER: _____

RELATION: _____

NAME OF PROVIDER: _____

POLICY NUMBER: _____

PRIOR HEALTH CONDITIONS

ALLERGIES:

MEDICATIONS:

ANY CONDITION(S) OR INJURY THAT MAY PREVENT FULL PARTICIPATION IN DURING CAMP?