

# CBA Co-ed Basketball Camp Medical Release Form

I/WE have adequate insurance coverage and give permission for the following to attend and participate in CBA's basketball camp.

CAMPER \_\_\_\_\_

(Last name) (First) (M.I.)

CAMPER \_\_\_\_\_

(Last name) (First) (M.I.)

FAMILY MEDICAL/HEALTH INSURER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

The above listed had a recent physical exam and may participate in all the activities of the CBA camp. I/We give permission for said person(s) to receive treatment of a first aid/emergency nature by the staff, director, nurse, emergency personnel or physician.

I/WE agree to hold harmless from and indemnify CBA, the camp director and staff from any claims which may hereafter be incurred as a result of participation in this camp.

\_\_\_\_\_

(Signatures) (Date)

## **Parents/Guardians Phone Numbers:**

Name: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Name: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Additional Emergency #: Name \_\_\_\_\_ # \_\_\_\_\_

## **Camper's Pertinent Medical Information**

Date of last TETANUS shot \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_