

Medical Release, Insurance, and Previous Injury Form**COMPLETE AND BRING TO CAMP**

Student's First Name		Last Name		Birth date	Age
Mailing Address			City	State	Zip Code
Parent/Guardian Name(s) Mother _____ Father _____			Home Phone		
Mother Work		Father Work		Camp Attending (City and State)	
Mother Cell		Father Cell			
Alternate Emergency Contact #1 Name:			Phone		
Alternate Emergency Contact #2 Name:			Phone		
Insurance Company			Policy #		
Insurance Company Address			City	State	Zip Code
Pre-existing Medical Condition(s) including allergies			Permission to dispense pain medication – check all that apply <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Aspirin <input type="checkbox"/> Ibuprofen Other (please list) _____		
Current Status <input type="checkbox"/> Able to participate <input type="checkbox"/> Participate with limitations (explain) _____ * Please provide a doctor's clearance if a previous injury or illness is a factor for athletic performance.					
I, the undersigned parent/guardian of the individual named above, a minor, do hereby authorize the directors of the Don Eddy Basketball Camps to act on my behalf if medical attention is required. I understand that by signing this agreement, I hereby release and discharge Don Eddy Basketball Camps and the facility/institution hosting the event from any and all liability resulting in injury associated with the student's participation in this activity. I will be responsible for any medical or other charges incurred in connection with his or her attendance at camp.					
X Parent/Guardian Signature _____			Date Signed _____		
Where did you first hear about Don Eddy Basketball Camps? <input type="checkbox"/> Camper <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Ad <input type="checkbox"/> Coach <input type="checkbox"/> Parent					

DO NOT MAIL. DO NOT MAIL. DO NOT MAIL. DO NOT MAIL. DO NOT MAIL.