SARAH BEHN BASKETBALL CAMP
MEDICAL RELEASE FORM

It is necessary that our on-site camp doctor, nurse, and/or sports medicine trainer have the permission to administer treatment in the event of an accident or sudden illness.

Name: _____
First (Camper's Name) **Last**

List of conditions physicians should be aware of:

_____

Allergies: _____

_____

I hereby authorize any medical treatment for _____, while at Sarah Behn Basketball camp, which may be advised or recommended by the attending camp doctor, nurse, and/or sports medicine trainers.

Insurance Coverage for accidental injury is required by all participants. In most instances, your family health plan is adequate.

Insurance Company: _____

Policy Number: _____

It is understood that accidental injury may result from camp participation. I hereby release SKB Enterprises, Inc. from any and all claims, which might arise from my child's participation in the Sarah Behn Basketball Camp.

Parent's Signature: _____

Date: _____