2008 The Basketball Academy / Medical History & Treatment Form

Important: Each person who attends The Basketball Academy must bring this form with them to registration. Please DO NOT mail this form.

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SECTION A [Insurance Information]

Name of Participant _____
(Last) (First) (Middle)

Name of Company _____

Address of Company _____

Medical Insurance Policy Number _____

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SECTION B (Medical Treatment Authorization & Liability Release)

I, the undersigned parent or guardian, do hereby grant my permission for my child to attend The Basketball Academy and fully participate in all activities thereof. In order that my child may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize The Basketball Academy to obtain medical treatment for my child for such an injury or illness during camp, and I hereby release and agree to hold harmless The Basketball Academy, its agents, employees, and representatives from any and all claims and liability arising in anyway out of their exercise of this authority. I understand and agree that all bill for medical care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that such bills are paid.

I further acknowledge, understand and agree that in participating in this camp, there is a possibility of physical illness or injury and that my child is assuming the risk of such injury by his/her participation.

_____ _____
(Parent's Signature) (Date)

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SECTION C (Medical History Information)

1. Please list any medical condition which your Camper is being currently treated by a physician. (i.e. diabetes; cardiac condition; seizure disorder; asthma; etc. If none, please put N/A):

   _____

2. Please identify all known allergies of Participant to foods, medicines, insect bites, etc., and the nature of his/her reaction (if none, please put N/A):

   _____

3. If Participant is presently taking medication, please identify the medication and, if you choose, the reason for its use (if none, please put N/A):

   _____

4. Please list any conditions of Camper that might limit or affect your child's participation in this camp.

   _____

5. In case of emergency, the following persons should be contacted:

_____	_____
Father's Name	Mother's Name
Day Phone: _____	Day Phone: _____
Alternative/Cell Phone: _____	Alternative/Cell Phone: _____

Please Note: Any illness, medical problem, or physical disability of a potentially serious nature must receive the Camp Director's approval before camp participation will be granted. Please call Pat Cunningham at (210) 602-6281, well in advance of registration.