

Roger Mason Jr. Basketball Camp Enrollment Form and Medical Release

Date of Camp: _____

Personal Information (Please Print Legibly):

Name of Camper:

Date of Birth: _____

Home Address:

City: _____ State: _____ Zip:

Email address:

Parent or Guardian Information:

Name:

Home Phone: _____ Work Phone:

In Emergency, Contact:

Name:

Home Phone: _____ Work Phone:

Medical Release and Insurance:

Your Insurance

Company: _____

Address of Insurance Company:

Phone Number of Insurance Company: _____ Policy Number:

Participant, _____, has my permission to participate in the camp held at the Roger Mason Jr. Basketball Camp. I hereby authorize the directors and employees of the Mason camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Roger Mason / and Basketball Camp employees. I will be responsible for any medical or other charges incurred in connection with his or her attendance at camp. Listed above is the insurance company that insures the camper named on this form.

Signature of Parent or Guardian:

_____ Date: _____

Relationship to camper:

Medical History:

If the camper has had a previous, serious injury or illness that is related in any way to athletic performance, please explain below.

Previous Injury:

Current Status:

List any known allergies:

Does the camper have asthma: YES NO

Please elaborate on any medical conditions camp staff should be aware of regarding the camper:

State any special instructions to follow in case of an emergency: