

**KIRKPATRICK BASKETBALL CAMP
MEDICAL WAIVER AND INSURANCE**

PARENTAL MEDICAL WAIVER

We (I) hereby request you accept the application of _____ in the Kirkpatrick Basketball Camp during the dates set in the application and in consideration of this application we (I) hereby release the Kirkpatrick Basketball Camp and all its employees from all claims on account of any injuries which may be sustained by our (my) child as a result of any such activities. Furthermore, we (I) certify that within the past year my child has had a physical examination and is physically able to participate in sports activities. In the event of illness or injury, we (I) give my consent for medical treatment and permission to hospitalize, secure proper treatment, order injections, anesthesia or surgery.

PARENT'S or GUARDIAN'S SIGNATURE _____

Date _____

Emergency Contact _____

Contact number _____

INSURANCE

INSURANCE COMPANY _____

POLICY HOLDER'S NAME _____

POLICY # _____