



# DANA BARROS BASKETBALL CAMP

## MEDICAL RELEASE FORM

Pre-registration ***IS NOT*** completed until this form and an up-to-date immunization record are returned. Since campers attending our camp are under the age of 18, it is necessary that doctors have permission to administer treatment in the event of an accident or sudden illness. A separate application and medical release form must be completed for each camper. This camp must comply with regulations of the Massachusetts Department of Public Health and is licensed by the local Boards of Health.

Camper's Name: \_\_\_\_\_

List of conditions physicians should be aware of: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Are you taking medication? If yes, please list: \_\_\_\_\_

I hereby authorize any medical treatment that may be advised or recommended by attending Health Care Supervisors for:

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

Health Care Provider: \_\_\_\_\_

Health Care Provider Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does your Health Care Provider require a referral prior to being treated by a hospital/facility: \_\_\_\_\_

I waive and release Dana Barros and the Dana Barros Basketball Camp from all liability from injury and illness going to camp from home, while participating at camp or while returning home from camp. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minor's participation, and assume the risk arising therefrom. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

The State of Massachusetts requires a physical examination within the 12-month period of the date the camper is scheduled to attend camp.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_