

Jim Brogan's

Basketball Academy

Relentless pursuit to World-Class Results

This form **MUST** be completed before your child can participate in the program.

Medical Release / Approval

Participant's Name _____

Past Health _____ Past Injuries _____

Present Health (on medication?) _____

Drug sensitivities _____ Other Allergies _____

Insurance Company _____

Name of Policy Holder _____ Policy Number _____

Additional information we should be aware of: _____

Contact: _____ Phone #: _____ Cell #: _____

Email Address: _____

PLEASE READ CAREFULLY:

I hereby authorize the directors of the Jim Brogan Basketball Academy, Special Training Program along with the Brogan Company and Jim Brogan, Inc. to act for me in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician while attending these programs and to assume all costs related to such treatment. I waive and release any and all rights and claims for damages I have against the Jim Brogan Basketball Academy, Special Training Program, the Brogan Company, Jim Brogan, Inc. and the program facility or its representatives for damages which may be sustained by the participant while at or traveling to and from the programs.

Parent's or Guardian's Signature _____ Date _____