

GSPEED BASKETBALL CAMPS

Medical Information & Release Form

Players Name _____

DOB _____

Fathers Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Mothers Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION

Family Physician's Name _____

Phone _____ Address _____

Allergies and / or Medical Conditions (List) _____

Medications (List) _____

Date of Last Tetanus Booster _____

Person Responsible for Charges (If different than from above) _____

Insurance Company _____ Policy # _____

I / we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury / illness. This consent includes First Aid and transportation to / from health care providers.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Note: This release will be kept on file at the Camps location until completion of the event.