

MACHELLE JOSEPH BASKETBALL CAMP MEDICAL RELEASE FORM

**REGISTRATION WILL NOT BE COMPLETE
UNTIL THIS RELEASE FORM IS SIGNED AND RETURNED**

Since most of the campers attending our camp are under 18 years of age, it is necessary that our doctors have parents' permission to administer treatment in the event of accident or sudden illness. *(If you are 18, this form requires your signature.)*

Name: _____ School/Team: _____
Last First

Phone Number: _____ Email: _____

Any Allergies to Medication: NO / YES If so, Please List: _____

Please List Any Conditions Physicians Should Be Aware of: _____

EMERGENCY PHONE NUMBERS

Person to Notify: _____ Relationship: _____

Daytime Number: _____ Evening Number: _____

I hereby authorize any medical treatment, which may be advised or recommended by the camp trainers or attending physician of _____ while attending the MaChelle Joseph Basketball Camp.
PARTICIPANT'S NAME

ALL participants require INSURANCE COVERAGE for accidental injury.

PLEASE INDICATE YOUR CURRENT INSURANCE DATA BELOW

I have the required insurance

Insurance Company

Policy Number

Parent or Guardian Signature

Date

Release and Waiver of Liability (Please read carefully before signing)

I _____ (parent/guardian name) understand that an injury may result from participation in camp related activities. I hereby release the MaChelle Joseph Basketball Camp, MJ Specialty Camps, the coaching staff and trainers, the Georgia Tech Athletic Association and the Georgia Institute of Technology from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in such camp related activities, or while in, on, or upon the premises where the activity is being conducted. As the parent/guardian of the above listed camper, I also give permission for any emergency medical care or treatment that may be required, including transportation and accept responsibility for the costs.

SIGNATURE

PARENT OR GUARDIAN: _____ DATE: _____