



Bobby Hurley Basketball Camp Waiver Form

Medical Concerns

Check all Health Conditions that Apply:

- Asthma Allergies Head Injury / Concussions
- Bleeding Disorders Heart Disease Convulsions / Seizures
- Diabetes If you do not see a condition that applies please list below:

• _____

Allergies to Medications: _____ Chronic Illness: _____
Physician Name: _____

Allergies to Food: _____ Physical Restrictions: _____
Physician Number: _____

Medical Insurance Provider: _____ Policy Number: _____
Physician Name: Physician
Number

I hereby authorize the directors of the Bobby Hurley Basketball Camp to act for me in case of emergency requiring medical attention and hereby release, exonerate, and discharge the camp and its employees from any and all actions or cause of actions known or unknown for any injuries incurred while at camp or on the way to camp.

Parent or Guardian Signature: _____

Player name: _____