



B A S K E T B A L L

Jamie Dixon Basketball Camps at TCU **MEDICAL INFORMATION/WAIVER - - REQUIRED** (Please complete, sign, and bring to registration)

Emergency name and phone number to be used in the event of an injury that requires emergency treatment when a parent or guardian cannot be reached.

Camper's Name: _____

Family Physician: _____

Emergency Contact Phone Number: _____

Medical/Accident Insurance Co.: _____

Policy No.: _____

Policy in Name of: _____

Allergies: _____

Last Tetanus shot: _____

- Insurance program designed to cover costs in excess of camper's own policy.

MEDICAL TREATMENT-CONSENT AND RELEASE AUTHORIZATION

I/We the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge The Jamie Dixon Basketball Camp, Jamie Dixon and its staff, officers, agents, employees, representatives, and assign of and from all rights and claims for damages, injuries, or loss of person or property, which may be sustained or occurred during participation in Camp activities or while at Camp. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian Signature

Date