

# BOBBY HURLEY BASKETBALL CAMPS

## WAIVER

### 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: \_\_\_\_\_

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 or illnesses incurred while at camp or on the way to camp.**

Parent or Guardian Signature: \_\_\_\_\_

Player name: \_\_\_\_\_