



Pre-registration WILL NOT be complete until this form is returned.

Since the students attending our camp are under the age of 18, it is necessary that our on-site camp doctor, nurse, and/or sports medicine trainer have the permission to administer treatment in the event of an accident or sudden illness. This camp must comply with regulations of the Massachusetts Department of Public Health (105.CMR 430.000) and is licensed by the Board of Health

Name \_\_\_\_\_

List of conditions physicians should be aware of: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Are you taking medicine? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize any medical treatment, which may be advised or recommended by attending sports trainers for:

(Campers name) \_\_\_\_\_

Insurance Coverage for accidental injury is required by all participants. In most instances, your family health plan is adequate.

Health Care Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Care Provider Phone Number: \_\_\_\_\_

It is understood that accidental injury may result from camp participation. I hereby release Tomorrow's Stars Basketball Clinics from any and all claims which might arise from my child's participation in the Tomorrow's Stars Basketball Clinics. I hereby give my permission for emergency medical treatment in the event I cannot be reached

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

