

TOMORROW'S STARS
MEDICAL RELEASE WAIVER and INFORMATIONAL FORM

This form must be completed before your child can participate in the clinic.
Since the campers attending our camp are under the age of 18, it is necessary that our on-site staff have permission to administer treatment in the event of an accident or sudden illness.

Name (Participant) _____

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 staff for:

(Camper's 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, Jim Edgehill, and all employees from any legal claims that might arise from my child's participation in Tomorrow's Stars Basketball Clinics. I hereby give my permission for emergency medical treatment in the event I cannot be reached. I realize injuries can occur from participation in sports and other activities. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the summer program and that such exposure or infection may result in personal injury, and serious illness I understand that the risk of becoming exposed to or infected by COVID-19 at the Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, coaches, volunteers, and program participants and their families. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand that every reasonable attempt will be made to contact me in an emergency. I certify that the applicant is in good physical condition to take part in the clinic.

Parent/Guardian signature: _____ Date: _____

Print Name _____ Phone Number _____

Are there any adults, other than the caretakers whom you would like to authorize to pick up your child from camp to bring them home? _____
