

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: _____

I understand that accidental injuries may occur during camp participation. I hereby release Tomorrow's Stars Basketball Clinics, Jim Edgehill, and all staff members from any legal claims arising from my child's involvement in Tomorrow's Stars Basketball or Soccer Clinics. I give permission for emergency medical treatment if I cannot be reached. I acknowledge that participation in sports and physical activities carries inherent risks.

By signing this agreement, I recognize 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 while attending the summer program. I understand that such exposure or infection may result in personal injury or serious illness and that these risks may result from the actions, omissions, or negligence of myself or others, including staff, coaches, volunteers, participants, and their families. If my child requires emergency hospital care, I grant permission to the attending physician to administer anesthesia, medical treatment, X-rays, and any surgical procedures deemed necessary or advisable. I understand that every reasonable effort will be made to contact me in such an emergency.

I certify that the applicant is in good physical condition and able to participate 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 your child from the clinic to bring them home?
