

# NBC BASKETBALL CAMPS, LLC HEALTH AND RELEASE FORM

**\*\*BRING THIS FORM WITH YOU TO CAMP**  
(You will not be admitted to camp without this completed form)

**Camper's Name:** \_\_\_\_\_ **Provincial HC #:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Sport: \_\_\_\_\_ Camp Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address (parent) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Alternate Contact in the case the above cannot be reached: \_\_\_\_\_

Relation: \_\_\_\_\_ Number: ( ) \_\_\_\_\_

Secondary Insurance

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

Name of Policy Holder: \_\_\_\_\_ Relation: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

**ASTHMA:** If your child requires an inhaler please be sure that they bring it to camp and carry it with them at all times.  
Details: \_\_\_\_\_

**ALLERGIES:** If your child requires an epi-pen please be sure that they bring it to camp and carry it with them at all times  
Details: \_\_\_\_\_

**OTHER MEDICAL CONDITIONS and PERTINANT MEDICAL HISTORY: (please explain)**

**IMMUNIZATIONS UP TO DATE? Yes No**

If No, which are not? \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I hereby certify that the named camper is in good health and fully able to participate in all the activities of the Sports Camps and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program.

I HAVE READ THE POLICIES AND FULLY UNDERSTAND MY OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF NBC BASKETBALL CAMPS, LLC, A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF THE STATE OF WASHINGTON, AND HEREBY AGREE TO ACT IN ACCORDANCE. I further understand the NBC Basketball Camps, LLC, retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Dated:** \_\_\_\_\_ **Signature of Parent or Guardian:** \_\_\_\_\_