



TOM LEVETT BASKETBALL CAMP MEDICAL AUTHORIZATION AND RELEASE FORM

In consideration of my son/daughter becoming a camper at the Tom Levett Basketball Camp, I _____ the parent/guardian of _____ (please print) Hereby authorize the Camp or its representatives to obtain emergency medical treatment on behalf of my son/daughter in the event that, in the opinion of the said camp, my son/daughter is in need of such treatment. I further agree that I will be responsible for the payment of such medical treatment and the further release said Camp or its representatives for any damages sustained by me in connection with the providing of emergency medical treatment. The Camp agrees to contact the parents of guardian as soon as it reasonably possible after the event which requires said emergency medical treatment, at the telephone number(s) indicated on the back of this form.

I further agree that I will be responsible for the payment of any cost of medical treatment of any such nature which arise in connection with any sickness or accident which may occur during that period that my son/daughter is at the Camp, whether such expense is incurred during or subsequent to the time that my son/daughter attends the Camp and will indemnify and hold harmless the Camp for any claims for payment by providers of said medical care.

THIS FORM MAY NOT BE ALTERED.

Signature of Parent of Guardian: _____

Date: _____