

Coach Wootten's Basketball Camp
Medical Release Form
Please fax form to 1-866-524-3059

NAME _____ DOB _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE # _____

FATHER'S NAME _____

CELL/WORK PHONE # _____

MOTHER'S NAME _____

CELL/WORK PHONE # _____

EMERGENCY CONTACT _____

RELATION _____ PHONE # _____

INSURANCE COMPANY _____

POLICY HOLDER _____ POLICY # _____

GROUP # _____ PPO/HMO/PPN _____

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE # _____

ALLERGIES _____

MEDICATIONS _____ DOSAGE _____

I HEREBY GIVE PERMISSION TO COACH WOOTTEN'S BASKETBALL, LLC ITS OFFICERS, EMPLOYEES, AGENTS, ATHLETIC TRAINERS, OR STAFF MEMBERS TO TAKE WHATEVER ACTION IS NECESSARY FOR THE HEALTH AND WELFARE OF MY CHILD INCLUDING CONSENTING ON MY BEHALF TO ANY AND ALL MEDICAL TREATMENT, PROCEDURES, OPERATIONS AND OR HOSPITALIZATION AND I FURTHER AGREE TO HOLD THEM HARMLESS AND INDEMNIFY THEM FOR ALL MEDICAL BILLS INCURRED FOR THE TREATMENT OF MY CHILD.

I UNDERSTAND THAT BASKETBALL IS A VERY PHYSICAL SPORT, WHICH CAN RESULT IN SERIOUS INJURY. I HOLD COACH WOOTTEN'S BASKETBALL CAMP, LLC, ITS OFFICERS, EMPLOYEES, AGENTS, TRAINERS OR STAFF MEMBERS HARMLESS AND HEREBY RELEASE THEM FROM LIABILITY FOR ANY INJURY TO MY SON WHILE ATTENDING THE CAMP.

I HEREBY GIVE PERMISSION TO COACH WOOTTEN'S BASKETBALL, LLC, ITS OFFICERS, EMPLOYEES, AGENTS, ATHLETIC TRAINERS, AND CERTIFIED/LICENSED BUS DRIVER TO TRANSPORT MY CHILD TO LOCAL AND SUPPORTING LOCATIONS AND FACILITIES.

PARENT/GUARDIAN'S PRINTED NAME

PARENT/GUARDIAN'S SIGNED NAME

DATE