

**DEL HARRIS BASKETBALL ACADEMY
TYRESE RICE SUMMER BASKETBALL CAMP
MEDICAL WAIVER**

All participants of the Del Harris Basketball Academy skill development sessions, clinics and camp activities are required to complete a medical waiver. The Academy is insured by SportUnderwriters.com Inc., A Division of Sport and Special Event Insurance Agency USA and required to have this information on file. Without the properly completed form, participants are unable to receive instruction from our professional staff. We appreciate your kind cooperation in completing and returning this form.

Name: _____ Session: _____

Age: _____ Date of Birth: _____ Phone: _____

Parent(s): _____ Phone: _____

Medial History

List child's chronic illnesses or injuries experienced (ex. diabetes, allergies, asthma, etc.)

List injuries your child has suffered such as concussions, sprains, broken bones, serious surgeries like ACL tear, etc. _____

List any medicines your child takes. _____

Physician/Insurance Information

Doctor: _____ Phone: _____

Insurance Provider: _____ Policy No: (if available) _____

Hospital Preference (if any) _____

Parent/Guardian Signature

Your signature below formally accepts responsibility for your child's participation in the Del Harris Basketball Academy/Tyrese Rice Summer Basketball Camp and you accept/understand your responsibility to ensure: your child is healthy; has no medical issues precluding his/her participation; will notify staff and supply meds as needed; is covered by health insurance; permits the academy staff to administer first aid and/or urgent care as needed; will cover my child's medical cost; has not misrepresented information on this form, and assume all risk/liability for my child's participation.

Parent Signature _____ **Date** _____