

# **Jim Brogan's**

## **Basketball Academy**

*...Inspiring and empowering people every day.*

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**This form MUST be completed before your child can participate in the program.**

### **Medical Release / Approval**

Participant's Name \_\_\_\_\_

Past Health \_\_\_\_\_ Past Injuries \_\_\_\_\_

Present Health (on medication?) \_\_\_\_\_

Drug sensitivities \_\_\_\_\_ Other Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Additional information we should be aware of: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### **PLEASE READ CAREFULLY:**

*I hereby authorize the directors of the Jim Brogan Basketball Camp, along with the Brogan Company and Jim Brogan, Inc. to act for me in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician while attending this camp and to assume all costs related to such treatment. I waive and release any and all rights and claims for damages I have against the Jim Brogan Basketball Camp, the Brogan Company, Jim Brogan, Inc. and the program facility or its representatives for damages which may be sustained by the participant while at or traveling to and from the programs.*

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_