



## MEDICAL RELEASE FORM

**\*\*Campers without a Medical Release Form will not be allowed to participate\*\***

Name of Child: \_\_\_\_\_,  
(Last) (First)

Date of Birth: \_\_\_\_\_

Parent's Daytime Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Email address: \_\_\_\_\_ (please print clearly)

Emergency Contact (if parent cannot be reached):

Name/relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Is your child taking any medication(s) at this time: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Medications: \_\_\_\_\_

Does he/she have any allergies?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other relevant health information: \_\_\_\_\_

I give my child permission to participate in Long Island Back to Basics Basketball Camp (hereinafter referred to as Back to Basics) and certify that she/he is in good health. I hereby give permission for Back to Basics to act for me according to their best judgment in any emergency if I cannot be contacted. I agree to hold Back to Basics harmless and without fault with respect to exercise of its judgment in this regard. I release, discharge and hold harmless Back to Basics, its directors, agents, and employees from any and all liability for property damage, personal injuries or other claims arising from or in connection to my child's participation in Back to Basics. I have disclosed all vital health information which would be necessary for the proper care of my child. I agree to pay for all medical and dental expenses incurred in the treatment of my child.

Photo Release: Back to Basics may use my child's photograph in promotional materials. I understand that the images may be used in print publications, website, and social media, and that no royalty, fee, or other compensation shall become payable to me for such use.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_