

2016 HANOVER BASKETBALL CAMP

Release and Medical Certification Form
(Must be turned in at Check-In prior to start of Camp)

LAST Name _____ FIRST Name _____

Liability Release and Indemnity Agreement

I hereby request that you accept this application for enrollment in the Hanover Basketball Camp during the dates set forth in this application, thereby release the Board of Trustees of Hanover College, all its employees, and the Hanover Basketball Camp and its agents from all participant claims on account of any injuries which may be sustained by me while attending the Hanover Basketball Camp, and I agree to indemnify the Board of Trustees of Hanover College and its employees and the Hanover Basketball Camp and its agents for any claim which may hereafter be presented by me as a result of any such injuries.

Parent/Guardian Signature (required) _____ Date _____

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the policy's company name, address, number and owner. The accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Policy Owner _____

Company Address _____ Policy Number _____

Medical Certification

I hereby certify that _____ is physically fit to participate in an active basketball camp during the days of the camp for which he has registered. I know of no physical impairments which would in any manner limit his participation in such a program.

Current Medical Conditions (Asthma, Allergies, etc.): _____

Medications Currently Taking: _____

Parent's Signature _____ (required) Date _____

Emergency Contacts:

1) Name _____ Phone _____

2) Name _____ Phone _____

I give my permission for my child's photograph to be used in future brochures.

Yes No Signature _____ Date _____