



**Please sign both sides and return to:
Below The Rim Basketball Camp Inc
16 Whispering Way
Stow, Ma 01775
Tel. No (978) 562 5603**

In consideration of my son/daughter becoming a camper at the Below The Rim Basketball Camp Inc (the "camp"), I _____ the parent/guardian of _____ (please print). Hereby authorize the camp or its representatives to obtain emergency medical treatment on behalf of my son/daughter in the event that, in the opinion of the said camp, my son/daughter is in need of such treatment. I further agree that I will be responsible for the payment of such medical treatment and further release said camp or its representatives for any damages sustained by me in the connection with the providing of emergency medical treatment. The camp agrees to contact the parents or guardian as soon as is reasonably possible after the event which requires said emergency treatment, at the telephone number(s) indicated on the back of this form.

I further agree that I will be responsible for the payment of any cost of medical treatment of any such nature which arise in connection with any sickness or accident which may occur during that period and my son/daughter is at the camp, whether such expense is incurred during or subsequent to the time that my son/daughter attends the Camp and will indemnify and hold harmless the Camp for any claims for payment by the providers of said medical care.

Signature of Parent or Guardian. _____

Date _____

Please complete and sign the back of this form. Thank you

Student Emergency Medical Release Information

Please Print:

Student's Name _____

Student's Address

Home Phone Number _____ Cell _____

Date of Birth _____

Name of Parent or Guardian _____

Work Phone Number _____

Name of Nearest Relative to be notified if parents cannot be reached. _____

Address _____

Phone Number Home _____ Work _____

Family Physician _____

Phone Number _____

Medical Insurance Company _____

Phone Number _____

Policy Number _____

List of Allergies _____

Date of last tetanus shot _____

Date of last Physical Examination _____

Date Student will be attending camp _____

Signature of Parent/ Guardian _____

___ Check if you do not want photographs of your child on our website or future publications.