

Camper Name _____ (please print full legal name)	Birth Date _____
Camp Name _____	Date(s) of Camp Operation) _____

**Release and Medical Authorization**

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old by the end of the program must also sign. **THIS FORM MUST BE PROPERLY SIGNED IN ORDER FOR THE STUDENT TO PARTICIPATE IN CAMP ACTIVITIES. NO EXCEPTIONS WILL BE MADE.**

**Parent/Guardian Authorization**

This is to certify that \_\_\_\_\_ has been examined by a physician within the past year, and that he/she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus immunization \_\_\_\_\_

**Please answer the following questions. Check either yes or no, if “yes” please give details.**

Does the camper have any dietary restrictions?

Yes  No Details \_\_\_\_\_

Does the camper have any allergies? (i.e. bee stings, foods, pollen etc.)

Yes  No Details \_\_\_\_\_

Is the camper currently suffering from any injuries or medical conditions?

Yes  No Details \_\_\_\_\_

Is the camper currently taking any medications (Over the counter or prescription)?

Yes  No Details \_\_\_\_\_

Is the camper sensitive or allergic to any medications?

Yes  No Details \_\_\_\_\_

Does the camper wear an identification band or carry a card to alert others of their allergy(ies), medical conditions, or necessary medications?  Yes  No

Signed X \_\_\_\_\_

Parent/Guardian

### Emergency Contact Information

#### Primary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Can the participant be released to this individual? Yes or No (circle one)

#### Secondary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Can the participant be released to this individual? Yes or No (circle one)

## **Release of Liability**

In consideration of being permitted to participate in the Kevin Keatts Basketball Camp, I do waive and release forever any and all rights for claims and damages I may have against the North Carolina State University, its governing board, officers, agents, employees, and Coach Kevin Keatts, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or personal injury, that may be sustained by me or by any property belonging to me while I am in, on, upon, or in transit to or from the premises where this Camp, or any adjunct to this Camp, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Camp, due to the physical nature of the sport, including, but not limited to, fall, contact with other participants, and being injured by thrown or batted balls. I agree to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Camp is neither administered nor sponsored by the University and that Coach Kevin Keatts is providing this instruction or camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify the University, its governing board, its officers, its employees, its agents, and Coach Kevin Keatts from any and all claims and liability arising out of the Camp.

## **Medical and Surgical Authorization**

I hereby authorize and give my consent to the health care providers to perform upon or administer to (camper name) \_\_\_\_\_ any reasonable, necessary surgical or medical treatment. I also give permission to administer any anesthetic that may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

I understand that the Kevin Keatts Basketball Camp, LLC does not offer an excess insurance for injuries sustained as a result of camp participation. I authorize my insurance company to pay benefits to the health care providers that the Sports Camp employees send my son or daughter to for evaluation and treatment. I authorize the disclosure of medical information to my insurance company for the purpose of a claim.

This permission is good only while the student is attending the Kevin Keatts Basketball Camp and only until the student has attained his/her eighteenth birthday.

X \_\_\_\_\_  
Parent's/Guardian's Signature Date

X \_\_\_\_\_  
Student's Signature Date

Name \_\_\_\_\_  
Parent/Guardian Print or Type

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Insurance Co. Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Policy Holder \_\_\_\_\_

**\*\*\*PLEASE INCLUDE COPY OF INSURANCE CARD\*\*\***