

Kids Hoops Basketball Camps
Information/Waiver Form

Player's full name _____ Age _____ Date of Birth ____/____/____

Parent/Guardian full name _____

Full Address _____ City _____ State _____ Zip _____

Tel # Home _____ Work _____ Cell/Other _____

E-mail: _____

Person to notify in emergency _____ Tel # _____

Player's health insurance company _____ Player's health insurance policy # _____

Player's doctor name _____ Player's doctor Tel. # _____

Medical Concerns/Allergies of player (if none please write none, if yes please describe and see the camp director) _____

WAIVER / INDEMNIFICATION

Parent(s) or legal guardian must sign below before player is accepted to participate in the Kids Hoops Camps:
As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Kids Hoops Camps. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at the Kids Hoops Camps. I further agree to indemnify and hold harmless, Newton Community Education, as well as Kids Hoops and its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation at Kids Hoops Camps.

In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a Kids Hoops Camp staff member, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my child.

Signature of parent(s) or legal guardian: Date: _____