

Jim Brogan's

Basketball Academy

...Inspiring and empowering people every day.

This form **MUST** be completed before your child can participate in the program.

Medical Release / Approval

Participant's Name _____

Past Health _____ Past Injuries _____

Present Health (on medication?) _____

Drug sensitivities _____ Other Allergies _____

Insurance Company _____

Name of Policy Holder _____ Policy Number _____

Additional information we should be aware of: _____

Contact: _____ Phone #: _____ Cell #: _____

PLEASE READ CAREFULLY:

I hereby authorize the directors of the Jim Brogan Basketball Camp, along with the Brogan Company and Jim Brogan, Inc. to act for me in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician while attending this camp and to assume all costs related to such treatment. I waive and release any and all rights and claims for damages I have against the Jim Brogan Basketball Camp, the Brogan Company, Jim Brogan, Inc. and the program facility or its representatives for damages which may be sustained by the participant while at or traveling to and from the programs.

Parent's or Guardian's Signature _____ Date _____