



# **Methacton Boys Basketball Mini-Clinic Medical Waiver**

**\*The completed medical waiver form must be submitted at the registration table on 12/23/2019**

**Name of Child:**

**Age of Child:** \_\_\_\_\_

**Parent/Guardian's Name:**

**Home Phone:** \_\_\_\_\_ **Cell Phone:**

**Email:**

**Doctor's Name and Phone Number:**

**Insurance ID Number:** \_\_\_\_\_

**In the event of an emergency, do we have permission to take your child to a hospital?  
(Yes or No) \_\_\_\_\_**

**Allergies/Special Instructions:**

## **Terms and Conditions:**

In case of an emergency, I grant the coaches or camp personnel the right to authorize medical care if none of the emergency contacts can be reached. I represent and warrant that my child is physically fit and able to participate in this activity. I agree to hold harmless the Methacton School District and Warrior Boys Basketball Camp Staff from any liability, claims, demands and causes of action whatsoever, arising out of my child's participation in this activity.

I attest that I currently hold medical insurance and will be totally responsible for medical treatment that may be necessary if my child becomes injured while involved in this activity.

I have read, understand and agree to the terms of this Agreement.

\_\_\_\_\_  
Parent/ Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date