

**Basketball Fundamental Clinic  
Medical and Release Form**

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

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Name of Health Insurance \_\_\_\_\_

Name on Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

**AUTHORIZATION**

I do hereby grant permission and authorization to the Summer League Basketball Program Administrators to contact directly the persons named on this form, and do authorized the name physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the events parents, physicians, or other persons named on this form, cannot be contacted, the sponsors (Malcolm Smith or Ashley Stark) are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the child.

I will not hold the Summer school program, Incarnate Word Academy, financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RELEASE OF LIABILITY**

I, the undersigned parent of \_\_\_\_\_, hereby acknowledge and agree to release and hold Incarnate Word Academy, all school facilities, all sponsors, employees, and volunteer associated with Incarnate Word Academy, fully harmless from any injury, claim, legal fees or damage which may occur to my child as a participating member of Incarnate Word Academy. I agree to fully assume all risk, chance, hazard, and responsible for my child's participation with Incarnate Word Academy. I acknowledge that I have read this hold harmless/release of liability form and I fully understand the contents. I give my child permission to participate in the Lady Angels 2019, Basketball Fundamental Clinic.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_