

Brian Beury Basketball Camp 07'
MEDICAL / CONSENT FORM

Parent/ Guardian Name _____

Daytime Phone _____

Existing Medical History _____

Allergic Reactions _____

Present Medication _____

Date of last Tetanus _____

First MMR _____ Last MMR _____

Polio Vaccination _____ Last DTP _____

INSURANCE INFORMATION

Carrier _____

Policy Number _____

Group Number _____

Carrier Number _____

MEDICAL RELEASE

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions, and even death. In the event of an injury, I authorize the athletic trainer, nurses, doctors, and emergency personnel to administer first aid or care as deemed necessary. I hereby release The Brian Beury Basketball Camp, The College of Saint Rose, it's staff, officers, agents, representatives, employees, successors, and assigns of and from any and all claims for damages to person or property, or while my child is engaged in activities, or while at camp sites.

Parent/ Guardian Signature

Date

This form is required for registration. It is not necessary to have a doctor's appointment. This information should be available from your child's school physical.

Brian Beury Basketball Camp, 432 Western Ave, Albany, New York, 12203
(518) 458-5495 or (518) 458-5490 or beuryb@strose.edu.