

## Northwestern Girls Basketball Camp Medical Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

If parent or guardian cannot be reached, who should be contacted?

Name/Relationship to camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Insurance Information

(please include copy of insurance card)

Policy Holder: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

Relation to camper: \_\_\_\_\_

Name of group employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Claim office address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Policy Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize the directors and medical staff of Northwestern Girls Basketball Camp to act for my daughter according to their best judgment in any emergency requiring medical attention. I understand that the first aid procedures will be rendered by the medical staff and campers will be transported to Evanston Hospital if necessary. I hereby waive and release Northwestern Girls Basketball Camp and staff for liabilities relating to injury, illness, or expenses incurred. I know of no mental or physical problems that might affect my child's ability to safely participate in this camp. I am responsible for medical and all other charges in connection to her attendance at camp.

Parent / Guardian name:

\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date:

\_\_\_\_\_