



# Super Hoops Medical Release Form

This medical and insurance information must be completed to allow your son's participation in the basketball camp.

Please fill out and bring to camp when you check-in.

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

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

Parent/Guardian Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Your son will spend 3 days on the campus of Indiana Wesleyan University for the Super Hoops basketball team camp. We are asking you to authorize treatment of minor injuries for medical problems which may be advised or recommended for your by attending the IWU trainers. In event of a serious injury or illness, we will proceed before contacting you only if the situation is urgent and does not permit delay.

I indemnify and hold harmless Super Hoops and staff, Indiana Wesleyan University and staff and IWU trainers as well as its representatives from all claims for personal injury that my son may sustain while traveling to or from, during his attendance at the Super Hoops team camp. I hereby give my consent for my son to be treated for injuries and medical problems.

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

\_\_\_\_\_

Campers must be covered by insurance. Please list your insurance information:

Name of Insurance Company:

\_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relation to Camper:

\_\_\_\_\_

Please note below any special medical considerations concerning your son's current medications, allergic reactions, injuries, etc.

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