



IWU - 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 it to camp when you check-in.

Campers' Name _____

Home Phone # _____

Parent/Guardian Phone # _____

Emergency Phone # _____

Your son will be spending (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 son by the attending IWU trainers. In the 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, IWU and staff, and IWU trainer as well as its representatives from all claims for personal illness or injury that my son may sustain while traveling to or from, or 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.

PARENTS / GUARDIAN'S

SIGNATURE _____ DATE _____

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

Name of Insurance Company _____

Policy Holder's Name _____

Relationship to Camper _____

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

This form must be turned in at check-in to allow your son to participate in the Super Hoops team camp.