

CARL DANZIG BOYS BASKETBALL DAY CAMP

PLEASE RETURN FORM TO:

Carl Danzig
Scranton Basketball-John J. Long Center
800 Linden Street
Scranton, PA 18510

CAMPER HEALTH FORM

ALL INFORMATION MUST BE
COMPLETE PRIOR TO
PARTICIPATION AT CAMP

Name of Camper: _____ Age: _____

Date of Birth: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

EMERGENCY CONTACT INFORMATION

Name of Contact (other than parent): _____

Phone: _____ Relationship to Camper: _____

List any medications being taken. Please include dosage and reason for medication: _____

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY MEDICAL BILLS INCURRED BY MY CHILD WHILE AT CAMP. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY TREATMENT BY THE APPROPRIATE MEDICAL PERSONNEL.

IN CONSIDERATION OF THE USE OF THE PREMISES OR FACILITIES OWNED BY THE UNIVERSITY OF SCRANTON, AND/OR IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THE ABOVE LISTED ACTIVITY, ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS, I HEREBY RELEASE AND FOREVER DISCHARGE THE UNIVERSITY OF SCRANTON, ITS AGENTS, SERVANTS, AND EMPLOYEES OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OR ACTIONS, SUITS, DAMAGES, CLAIMS AND DEMANDS, ON ACCOUNT OF PERSONAL INJURY, INCLUDING DEATH, OR ANY CAUSE WHATSOEVER, WHICH I MAY HAVE AGAINST THEM BY REASON OF OR ARISING OUT OF PARTICIPATION IN THE ABOVE LISTED ACTIVITY.

Signature of Parent/Guardian: _____ Date: _____