

NORCAL WILDCATS BASKETBALL CLUB

Camp/Clinic Medical Release & Waiver Form

Player Name: _____ Date of Birth: _____

Age: _____ Gender: _____ School: _____

Parent or Guardian Information

First Name: _____ Last Name: _____

Street Address: _____ City, State, Zip: _____

Email: _____ Daytime Phone: _____

Additional Emergency Contacts (not same as above)

Contact 1

Name (First, Last): _____

Relationship: _____ Daytime Phone: _____

Contact 2

Name (First, Last): _____

Relationship: _____ Daytime Phone: _____

Medical Insurance Information

Health Insurance Provider: _____ Policy #: _____

Please list any medical conditions, disabilities, handicaps, present injuries or limitations, allergies, heart or lung conditions or any other significant medical conditions or daily medications needed:

Medical Waiver

I hereby authorize NorCal Wildcats staff to act on my behalf according to their best judgment in any emergency requiring medical attention. I understand that my child must have current and active medical insurance before he/she can participate in any NorCal Wildcats program. I hereby waive and release NorCal Wildcats Basketball Club from any liability for any injuries and illnesses incurred by my child while participating in the NorCal Wildcats Program. _____ initials

Behavior Contract

I acknowledge that behavior by my child deemed egregiously disruptive, disrespectful or inappropriate in the judgment of the Camp Director may result in dismissal from the NorCal Wildcats Camp/Clinic without a refund. _____ initials

Photo/Video Consent

For both internal and external use, I acknowledge that the team may utilize photographs of the above-mentioned player. I consent to such uses and hereby waive all rights to compensation. _____initials

Parent/Guardian Signature

Relationship to Player

Date