

FOR PARENT(S)/GUARDIAN(S)

Medical Care and Insurance

Bison Basketball Camps for Girls utilizes and maintains the Bucknell University athletic training room during its camps for the treatment of minor injuries or illness, and we will have a certified athletic trainer on the camp staff. The camp and its training staff do not provide supplies for preventive taping to campers. Injuries requiring medical treatment, hospitalization, and/or surgery will be referred to the Evangelical Community Hospital (2 miles north of campus).

A parent or guardian of each camper must fill out and sign this camp medical and insurance form granting permission to administer the appropriate medical attention, if necessary. Parents or guardians will be called immediately upon occurrence of any such injury and need of such medical attention. **Bucknell University does not provide medical insurance for those attending its summer sports camps.** Should hospitalization and/or the care of a physician be required, the camper must rely on her medical insurance plan for payment of all medical services rendered.

Insurance Information

Camper's Name: _____

Insurance Company Name: _____

Policy Holder: _____

Group # and Policy #: _____

Allergies: _____

Other possible health concerns (i.e. severe asthma, pre-existing injuries coming into camp, prescription medications, disabilities, allergic reactions to bee stings, etc.): _____

Emergency Contact and Phone: _____

I the undersigned, being a parent or guardian of this camper, approve of my daughter's attendance at Bison Basketball Camps for Girls and certify that she is in good health and able to participate in program activities. I also understand and accept that there is risk of injury while playing the sport of basketball. If medical attention is required for any injury or illness during camp, or in case of emergency, I grant permission for such care to be rendered. I hereby authorize the staff of Bison Basketball Camps for Girls to act for me according to their best judgment in any emergency requiring special medical attention. I hereby waive and release the camp its staff and Bucknell University from any and all liability for any injuries or illnesses incurred by my daughter while at the camp. I have no knowledge of any physical impairment that would be effected by the above named camper's participation in camp activities.

Parent/Guardian Signature: _____

Please return ASAP to:
Bison Basketball Camp for Girls
Bucknell University
Women's Basketball Office
Lewisburg, PA 17837