

# FRESNO STATE BOY'S BASKETBALL 2008 TEAM CAMP

## Medical Release/Information Page

### Personal Information

Camper: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Phone Numbers

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Emergency Information

Medical Insurance Co. : \_\_\_\_\_

Medical Insurance ID# : \_\_\_\_\_

Medical Conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the staff of the Fresno State Basketball Camp to act for me in their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program. I also understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

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

**CHILD WILL NOT BE ALLOWED TO PARTICIPATE**  
**- WITHOUT PARENT GUARDIAN SIGNATURE**  
**- WITHOUT MEDICAL INFORMATION COMPLETED**



**FRESNO STATE**  
**Boy's Basketball Team Camp**

