

Utah Valley University

Emergency Medical Service Waiver

We, the parents of _____, do hereby give our permission to perform any emergency medical service required for our son while participating in Dick Hunsaker's Utah Valley State College Basketball Camp.

Signed _____ Date _____

Emergency Phone Numbers (_____) _____ (_____) _____

Insurance Company _____ Policy Number _____

Physical Examination Waiver

We, the parents of _____, do hereby claim our son is in good health and do not hold Dick Hunsaker's Utah Valley State College Basketball Camp liable for any injuries that may occur to our son while participating at the Dick Hunsaker's Utah Valley Basketball Camp.

Signed _____ Date _____

Allergies and Special Instructions

Please List:

Signed: _____ Date: _____ --