Empower Basketball Academy, LLC
Medical Record and Release Form

Camper's Name:____ Date of Birth:______________________________
Home Address:____ Phone#:___________________________________
Parent's Names and Phone#____
Emergency Contact Name and Phone#:____

Allergies/Drug Reactions:

Aspirin: Yes___ No___
Penicillin: Yes___ No___
Sulfa: Yes___ No___
Bee Stings: Yes___ No___
_*If yes, does she carry an Epi Pen?:____

FOOD ALLERGIES: Please List

____
____
Other:___________________________

Current Medications:

____
____
____

Health History:

Asthma: Yes___ No___ Diabetes: Yes___ No___
Epilepsy: Yes___ No___ Heart Problems: Yes___ No___
Head Injuries: Yes___ No___ Mono: Yes___ No___
Orthopedic Injuries: (within the past 6 months):________________________
____

Please describe any medical conditions that might interfere with your full participation in the Academy (i.e. diabetes, asthma, etc.)

____
____

Health Insurance Information:

Please enclose a copy of both sides of your insurance card.

Insurance Company Name:__________________________ Policy Holder Name & DOB:____________________________
Policy Number:___________________________________ Group Number:_____________________________________
Insurance Company Address & Phone#:____

Physician Statement:

I certify that I have reviewed the medical history and status of the above person, and certify that she has no medical problems that restrict her from participation in vigorous physical activity while at the Empower Basketball Academy.

Physician's Name:_____________________________________ Phone#:____

Physician's Signature:__________________________________ Date:____

Release:

I, the parent/guardian of ___________________________ (the "Participant") give permission for the named Participant to receive emergency medical treatment deemed necessary by medical personnel if Participant is not able to act on her own behalf. I understand that there is a risk of injury to the Participant as a result of her participation in the program, and knowingly and voluntarily assume all risk of such injury. I hereby waive and release Empower Basketball Academy, LLC and staff from any liability for any injury or illness incurred while at the program. I will be financially responsible for any medical attention needed during the Program or resulting from an injury received at the Program. My medical insurance coverage shall be the insurance coverage for any medical treatment. By signing below, I have read and understand this release and I have voluntarily signed it. I agree this release is not only binding on me but will also be binding upon my personal representatives, executors, heirs, and assigns.

Parent/Guardian Name:____

Parent/Guardian Signature:____ Date:_____________________________

Please return to lhersey@smith.edu or Lynn Hersey, Basketball Office Ainsworth Gym, 102 Lower College Lane, Northampton, MA, 01063