

2024 Nick McDevitt Team Camp

INSURANCE QUESTIONNAIRE. MEDICAL RELEASE

Company: _____ Policy Number: _____

Telephone Number: _____

In case of emergency, contact: _____

Emergency Number: _____

Camper's Name: _____

Grade Entering: _____

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____

I hereby authorize the staff of Nick McDevitt Basketball Camp to act according to their best judgement in any emergency situation requiring medical treatment, and I state that the above applicant has been checked and is in sound physical condition to participate in basketball camp. Physician or Parent/Guardian Signature:

_____ Date: _____