

Davidson Women's Basketball Camp

Medical Waiver

Must be signed by a physician and received by

June 9th to participate

PHYSICIAN'S STATEMENT

I hereby certify that I have examined,

(Camper's Name)

and have found her physically fit to attend and participate in the 2017 Davidson Women's Basketball Camp.

(Physician Name)

(Address)

(Phone)

(Physician Signature)

PARENTAL PERMIT

The law requires parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such proceedings may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being fully contacted and informed.

I give my permission for such diagnostic therapeutic and operative procedures as may be deemed necessary for my daughter.

I, the undersigned, hereby acknowledge and understand that the Davidson Women's Basketball Camp is a privately run sports camp and is not operated by or through Davidson College. The camp is not sponsored, controlled nor supervised by Davidson College, but rather it is under the sole sponsorship and supervision of the Camp Director, Michele Savage.

I hereby state that the Davidson Women's Basketball Camp is not responsible for any pre-existing injury or recurrence of any undisclosed illness of the above-mentioned camper prior to onsite registration. Davidson Women's Basketball Camp will assume responsibility only for injuries incurred while the above camper is participating in camp activities under supervision during the enrolled camping period. I understand that once a camper is enrolled in camp there will be no refunds given for sickness or injury.

PHOTO RELEASE

I assign and grant permission for the Davidson Women's Basketball Camp to use and publish any photographs taken during the camp.

(Signature)

(Date)

(Street Address)

(City, State, Zip)

(Relationship to Camper)

(Cell Phone #)