

Coach Keno Davis Basketball Camps, LLC
2019 Basketball Camps
Consent to Treat Form

Mail Completed form to: CKD Basketball Camps
100 Rose Center
Mt. Pleasant, MI 48859
or Fax to 989-774-5391

Camper Name: _____ Date of Birth: _____

School: _____ Grade in Fall of 2019: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Shirt Size: _____

Parents Name: _____

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY) _____

List any medication currently taking: _____

List any allergies: _____

In case of emergency please contact:

Name ()
Daytime phone

Name ()
Nighttime phone

Medical Insurance Company ()
Phone

Insurance Policy Number(s)

I hereby give my permission for Coach Keno Davis Basketball Camps staff athletic trainers, CMU staff athletic trainers, and/or McClaren - Central Michigan Health Services, and McClaren – Central Michigan Hospital to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to _____ (name of camper) by McClaren – Central Michigan Hospital and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in Coach Keno Davis Basketball Camps events and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

Signature (Parent or Guardian – if under 18)

Date

Photographic Release Form

I, the parent or legal guardian of a child participating in Coach Keno Davis Basketball Camps (CKDBC) events, hereby authorize CKDBC and those acting pursuant to its authority to: (a) Record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, Internet/WWW or any other form now or hereafter developed) these recordings for any purpose that CKDBC, and those acting pursuant to its authority, deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of CKDBC.

Signature (Parent or Guardian – if under 18)

Date