

Please return registration form and consent to treat/waiver form to the Houston Live Top 100 Girls Basketball Camp

HL TOP 100 CONSENT TO MEDICAL TREATMENT/WAIVER OF LIABILITY FORM

Name of Camper: _____

Camper's Medical Insurance:

The camper's family medical insurance will be the sole insurer. *A photocopy of both the FRONT and BACK of your current member insurance card, must accompany this form.*

Insurance Holder's Name: _____

Insurance Holder's Birthdate: _____

Parent or Legal Guardian's Permission/Waiver of Liability

I give permission to the HL Top 100 Girls Basketball Camp to provide ongoing health care to my child. In the event that I cannot be reached in an emergency, I hereby give permission to the HL Top 100 Girls Basketball Camp to authorize medical treatment for my child.

To be in compliance with HIPAA privacy regulations, I authorize release of protected health information (diagnosis and treatment) to any the Houston HL Top 100 Basketball Camp staff member in need of this information to care for my child's ongoing health needs while at camp.

I hereby indemnify, hold harmless and release the HL Top 100 Basketball Camp, or any individual acting in an official capacity for the HL Top 100 Basketball Camp, from any liability and claims arising out of an accident, medical incident or property loss while my son is involved in the HL Top 100 Girls Basketball Camp programming and uses the facilities. I understand that medical and accident insurance is my own responsibility, and release the HL Top 100 Girls Basketball Camp from providing such insurance for my family.

I give permission for my daughter's image to be used in the HL Top 100 Girls Basketball Camp promotional material such as brochures, videos and the website.

A camper may be removed from the Camp program for continued willful disobedience, open and persistent defiance of authority, or abusive behavior (physical or verbal) towards staff or fellow campers. The removal of a camper from the Camp program is a serious matter and will only occur after other corrective measures have proven ineffective. The parent/guardian will be responsible for picking up the camper from the Houston L Top 100 Girls Camp as quickly as possible.

Signature of Parent or Legal Guardian

Relationship to Camper

Printed Name of Parent or Legal Guardian

Date

PLEASE RETURN TO HNS TOP 100 THROUGH ONE OF THE FOLLOWING METHODS:	
Mail to:	Email: Houstonlive100camp@yahoo.com
HL TOP 100 Camp	Phone: 713-834-2765
PO Box 596	www.houstonlive100camp.com
Pearland TX, 77588	