



Medical Form

(PLEASE USE BLOCK CAPITALS)

▲ Indicates required field

- ▲ Name: _____
- ▲ Age at camp: _____
- ▲ Gender: _____
- ▲ Date of birth (DD/MM/YYYY): _____
- ▲ Player contact number: _____
- ▲ Emergency contact number: _____

Please list below any history of illnesses, injuries and allergies etc.

- ▲ Medical information: _____
Please tick if none:
- _____
- _____
- _____
- _____

- ▲ Other Information: _____
Please specify if any.
- _____
- _____

CONSENT FORM

Neither the directors, the college nor the servants of the camp are responsible for any personal injury or loss to anyone attending Rip'n'Run basketball camps. Parents/Guardians must be contactable in case of an emergency.

By signing this form I agree that the medical information I provided is correct and signifies my willingness to comply with any regulations which the staff or coaches may make.

- ▲ Date of signing: _____
- ▲ Players Signature: _____
- ▲ Parent/Guardian Signature: _____