

## Camp Athletic Consent Form

PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY

(If you are under 18 years of age, your parents/guardian must complete this form.)

Name of Player \*

Week attending camp \*

Name of Insurance Company \*

Medical Insurance Policy Number \*

### Medical Consent - Part A

Thereby grant permission to Baumgartner's Basketball Camp trainers and/or their consulting physicians to render to me (or to my son or daughter if under 18 years of age) any treatment or medical or surgical care that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

I also hereby authorize the athletic trainers at Baumgartner's Basketball Camp to render to me (or my son or daughter if under 18 years of age) any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

When necessary for executing such care, I grant permission for my hospitalization at Reid Hospital & Health Care Services or another accredited hospital (or for hospitalization of my son or daughter). I am also authorizing transportation to and from the hospital, if needed.

Today's Date \*

I grant the permissions mentioned in Medical Consent - Part A \*

### Medial Consent - Part B

This is to authorize Baumgartner's Basketball Camp Athletic Trainers to release medical information about me (or my son or daughter if under 18 years of age) to my parents and/or coaches, including information concerning illness or injury relative to my past, present, or future participation in athletics at Baumgartner's Basketball Camp (or my son's or daughter's past, present, or future participation).

Today's Date \*

I grant the permissions mentioned in Medical Consent - Part B \*

Name of Camper \_\_\_\_\_

Camper Signature (if older than 18 years of age) \_\_\_\_\_

Signature of Parent/Guardian (if camper is under 18 years of age) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

### Mail form to:

Dick Baumgartner's Basketball Camp  
438 North 10th Street  
Richmond, Indiana 47374