



West Coast Impact Basketball Club

Camp/Clinic/Tryout Medical Release & Waiver Form

Player Name: _____ Date of Birth: _____ Age: _____ Gender: _____

School: _____

Parent or Guardian Information

First Name: _____ Last Name: _____

Street Address: _____ City, State, Zip: _____

Email: _____ Daytime Phone: _____

Additional Emergency Contacts (not same as above)

Contact 1

Name (First, Last): _____ Relationship: _____

Daytime Phone: _____

Contact 2

Name (First, Last): _____ Relationship: _____

Daytime Phone: _____

Medical Insurance Information

Health Insurance Provider _____ Policy #: _____

Please list any medical conditions, disabilities, handicaps, present injuries or limitations, allergies, heart or lung conditions or any other significant medical conditions or daily medications needed: _____

Medical Waiver: I hereby authorize West Coast Impact staff to act on my behalf according to their best judgment in any emergency requiring medical attention. I understand that my child must have current and active medical insurance before he/she can participate in any West Coast Impact program. I hereby waive and release West Coast Impact Basketball Club from any liability for any injuries and illnesses incurred by my child while participating in the West Coast Impact Basketball Program. _____ **Initials**

Behavior Contract: I acknowledge that behavior by my child deemed egregiously disruptive, disrespectful or inappropriate in the judgment of the Camp Director/Coach may result in dismissal from the West Coast Impact Camp/Clinic without a refund. _____ **Initials**

Photo/Video Consent: For both internal and external use, I acknowledge that the team may utilize photographs of the above-mentioned player to such uses and hereby waive all rights to compensation. _____ **Initials**

Parent/Guardian Signature _____

Relationship to Player _____

Date _____