

NORTH ALABAMA



Camper Release Form

My child has been examined by a doctor, and I certify that _____ is in good health.
(Camper's Name)

I give my child permission to participate in the UNA Girls' Basketball Camp. In the unlikely event my child is injured or becomes ill, I give permission for the staff to seek medical attention as deemed necessary including permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, including transportation. I accept full responsibility for the cost.

I release the UNA Girls' Basketball Camp and the University of North Alabama and the Board of Trustees from any and all claims of injury.

Health Insurance Co./Policy Number

Parent/Guardian Signature

Emergency Contact Number
