

Insurance: It is the responsibility of every individual, their parent or legal guardian to provide for their own health coverage while participating in the NBI Basketball Camp. NBI, LLC and the Northshore School District do not provide any accident or health coverage for its participants.

Authorization: I give my permission for my child \_\_\_\_\_ to participate in the NBI Basketball camp at Bothell High School. I hereby give my permission that my child be given emergency treatment by a qualified staff member of the NBI Basketball Camp. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be reached, I further consent to medical, surgical, and hospital care treatment and procedures performed for my child by a licensed physician or hospital selected by NBI Basketball when deemed necessary or advisable by the physician to safeguard my child's health. I waive and release NBI, LLC, and the Northshore School District, and employees from any injuries and illness incurred by my child at camp. I have read and understand the above.

Signature of Parent or guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Emergency Contact name & phone \_\_\_\_\_

Regular physician \_\_\_\_\_ Phone \_\_\_\_\_

Please attach a note indicating any medication, medical conditions, or disabilities that we should be aware of.