

# Josh Childress Basketball Camp 2007

## Parental Permission Form

As the legal parent/guardian of the below named child in the event of an injury or illness which in the opinion of the camp staff requires immediate examination or treatment and if I nor the authorized person named below can not be contacted, I authorize them to have my child transported by car or ambulance to the hospital indicated below. In this event I authorize the doctor below to be contacted. If the can not be reached, necessary emergency treatment will be given be the presiding physician on duty. I understand that the Josh Childress Basketball Camp and it affiliates assume no financial responsibility for medical care or transportation in an ambulance.

Camper/Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Day Phone; \_\_\_\_\_  
  
Authorized Relative or Friend: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Facility/Hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

come visit us at [www.joshchildresscamp.com](http://www.joshchildresscamp.com)!  
310.742.9200 telephone 310.742.9700 fax