

Please keep this form and copy to give to any player who does not have his medical release information in to us. Each player must have this on file with Triple Threat in order to participate in camp activities. No camper may participate until this form is filled out and on file. Not filling out the form does not grant reasoning for any refund.

**FAX TO (916)625-0780 BEFORE 6/15/2010  
OR DO NOT FORGET TO BRING TO CAMP  
AFTER 6/15, FAX TO SIERRA OUTDOOR SCHOOL, FAX (209)532-4196**

<b>MEDICAL RELEASE</b>		<b>Team or Ind</b>
We, the parents (guardians) of _____ Hereby authorize the administration of any medical attention deemed necessary by the camp trainer and/or any physician on the staff of a licensed hospital under the provisions of the Medical Act during TRIPLE THREAT BASKETBALL CAMP from June 21-25, 2010.		
Medical Insurance Co. _____		
Medical Policy # _____		
Individual # _____		
Doctor's name & phone _____		
Allergies (food, medicine, etc.) _____		
Date of last tetanus booster _____		
Emergency contact _____		
Emergency phone # (_____) _____		
Date	Father's signature (or guardian) _____	
Date	Mother's signature (or guardian) _____	
_____		