



**MANDATORY MEDICAL RELEASE AND WAIVER FORM**

**Athletes without a completed medical release waiver will not be allowed to participate in gym sessions.**

Athlete First Name	Last Name	Gender	Birth Date
Address	City	State	Zip Country
Parent / Guardian First Name(s)	Last Name	Dates Attending PGC	
Parent's Day Phone #	Parent's Evening Phone #	Parent's Cell Phone #	
Name of Emergency Contact (other than parents)		Emergency Contact Phone	
Health Insurance Company <i>(Canadian athletes - only list your health card number)</i>		Policy Number	
<b>PLEASE MAKE A COPY OF YOUR INSURANCE CARD AND ATTACH TO THIS FORM</b> <i>(If you have one).</i>			
Please supply any other pertinent behavioral or medical information, such as allergies, medications, or pre-existing conditions:			
<p><b>WAIVER:</b></p> <p>I, the parent/guardian of the individual, a minor (the "Athlete"), do hereby permit the Athlete to participate in a PGC course and certify that the Athlete's physical condition is sufficient for full participation. I understand that the Athlete's participation in PGC involves an element of risk and a possible danger of accidents. I also understand that the Athlete's participation at PGC may include activities involving athletes of different ages participating together, and also those of the opposite gender. I also permit the Athlete to participate in the final night's late-night group-wide competition (relevant for residential sessions only). If an emergency arises at any point during the session, I grant PGC permission to provide transportation to and from a medical facility, or airport or bus station, as needed. I assume all risk and agree to hold harmless PGC from all claims resulting from accidents and injuries that arise from transportation provided by PGC. Knowing all these risks, I hereby assume these risks and I hereby release and discharge Point Guard College LLP, More Than Hoops LLP, More Than Hoops Inc. and DE10 LLC, from any and all liability resulting from the Athlete's participation in any aspect of PGC. I understand it is my responsibility to inform PGC staff of any medical conditions or any other special needs the Athlete might have and will notify the appropriate individuals of any health issues that might in any way affect the Athlete's active or passive participation in a PGC course. I hereby assume responsibility for any and all costs associated with treatment of the Athlete for any injury or health issue that arises during the Athlete's participation in a PGC course. I understand that PGC Basketball is not responsible for the supervision or safety of the Athlete if the Athlete leaves the campus for any reason during the course, including meal breaks, and I agree to assume all risk and hold harmless Point Guard College LLP, More Than Hoops LLP, More Than Hoops Inc., DE10 LLC, and all directors, coaches, staff members, volunteers and heirs from all claims resulting from accidents and injuries that may arise.</p>			
I give permission for the PGC staff or Athletic Trainer to administer prescription or over-the-counter medication if needed.  _____ (Signature, if desired)	<b>Parent/Guardian Signature:</b> <i>(Athlete Signature if over 18)</i>		
	<b>Date:</b>		

**BE SURE TO BRING THIS SHEET WITH YOU TO YOUR SESSION**