

**MEDICAL RELEASE FORM  
FOR MAIL IN APPLICATIONS:**

NOTE: No camper will be permitted to participate without a parental signature waiver and medical release form. ASU accepts cash, money orders, cashier's checks and personal checks.

**ASU SPORT CAMP MEDICAL RELEASE & PARENTAL  
WAIVER CONSENT FOR TREATMENT OF A MINOR:**

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Angelo State and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent / Guardian Date

**PERTINENT MEDICAL/INSURANCE INFORMATION  
(to be completed by parent/guardian):**

Allergies: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy

No.: \_\_\_\_\_

Social Security No. or ID

No.: \_\_\_\_\_

Phone No. for benefit verification: \_\_\_\_\_

**Contact Information**

**Event Director:** Kevin Kaerwer

(915) 256-0772

**Event E-Mail:** asubballcamps@gmail.com

**Event Website:**

www.angelobasketballcamps.com

**Registration Methods**

Attendees have a few different options to register for the Ram Buddies Community Engagement Event.

◆ **Mail Registration to:**

*Attn: Men's Basketball  
Athletics Department  
Angelo State University*

*ASU Station #10899*

*2601 W. Avenue N*

*San Angelo, Texas 76909-9967*

◆ **Register online through event website.**

◆ **Fill out a brochure located in the ASU athletics office, on the secretaries desk.**

**Schedule (December 13th, 2019)**

◆ **Boys and Girls Ages K—8th Grade**

◆ **4– 6 PM**

**December 13, 2019**

**ANGELO STATE UNIVERSITY**

**RAM BUDDIES**





