

**TFN Camps and Clinics, Inc.**  
**d/b/a Score More Athletic Club, SMAC, and www.ohiobasketball.com**  
**EMERGENCY/HEALTH FORM**

NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Players Name)

ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
\_\_\_\_\_ WORK #: \_\_\_\_\_  
\_\_\_\_\_ EMERGENCY # \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
AGREEMENT: # \_\_\_\_\_ GROUP # \_\_\_\_\_

My Child is currently taking the following medications: (Please List) \_\_\_\_\_

Allergies: (Please List) \_\_\_\_\_

Contact Lenses: \_\_\_\_ Yes \_\_\_\_ No

List any condition or medical information we should know about your child.

\_\_\_\_\_

I understand that the TFN Camps and Clinics, Inc., an Ohio corporation, d/b/a Score More Athletic Club, SMAC, and www.ohiobasketball.com ("TFN") does not provide primary medical or accident insurance for participants, and I hereby certify that my son and/or daughter is covered by a personal insurance policy, or is included in a policy, which I have in force. I understand in case of minor first aid or illness that the attending adults will administer care.

In the event that my child (*child's name*) \_\_\_\_\_ is involved in a major accident, or suffers a major injury or illness which requires immediate medical or surgical care and I cannot be contacted within a reasonable amount of time, I authorize a physician to act on my behalf. If continued efforts to contact me are unsuccessful or should expediency make it impractical or dangerous to the health of my child to first attempt to contact me, I authorize the physician to take action and give consent on my behalf as her judgment dictates.

\_\_\_\_\_  
(Parent/Guardian Signature)

**STATE OF OHIO**

COUNTY OF \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactory proven) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged that he/they executed the same for the purposes therein contained

**IN WITNESS WHEREOF, I hereunto set my hand and official seal.**

**NOTARY PUBLIC**