

**TFN Camps and Clinics
d/b/a Score More Athletic Club, SMAC, SMAC PA, and
www.ohiobasketball.com**

EMERGENCY/HEALTH FORM

NAME: _____ GRADE: _____ 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, SMAC PA, 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.

I hereby release TFN Camps and Clinics SMAC, SMAC PA, www.ohiobasketball.com and its Directors, Coaches, and Staff from any claims, demands, liabilities, or causes of action, from injuries, which my child may suffer from the activity (basketball from January 1, 2016 to December 31, 2016) in which I have permitted my child to participate. I also certify that my child has received a physical exam within the last year and is able to participate in TFN Camps and Clinics, SMAC, SMAC PA, Basketball Club activities.

(Parent/Guardian Signature)

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY**

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