



SAINT XAVIER BASKETBALL CAMP - 2018

2018 Parent Consent Form

PRINT Camper's Full Name:

Participant 1: _____

Participant 2: _____

Participant 3: _____

Saint Xavier High School must have your permission to treat your child/children in case of emergency at the Saint Xavier Basketball Clinic. Please select one of the following options for emergency treatment and sign below:

OPTION 1: Saint Xavier's team physicians are able to treat your child/children at Audubon Hospital. If you wish to use the services of one of Saint Xavier's team physicians, please indicate as follows and sign below:

I grant permission to have my child/children, _____, treated by Saint Xavier team physicians and I give Audubon Hospital permission to give my child/children emergency treatment and X-rays when necessary.

OPTION 2: If you prefer another doctor to treat your child/children, realizing that treatment cannot start until the doctor is located, please state the name of the doctor and hospital desired:

I prefer that my child/children, _____, be treated for injuries by:

Physician's name and telephone #: _____

Hospital preferred by parent: _____

By signing below, I hereby give my consent for my child/children to participate in the Saint Xavier summer camp. I will not hold clinic authorities responsible in the case of injury.

PARENT SIGNATURE: _____

DATE: _____

Please mail or fax this form to:

**Saint Xavier High School
c/o Basketball Camp
1609 Poplar Level Road
Louisville, KY 40217
FAX: 502.634.2158**