

2025 RECHELLE TURNER BASKETBALL CAMPS MEDICAL RELEASE FORM

Camper's Name: _____

Parent's Name: _____

Policy Holder Name: _____

Name and Address of Insurance Company:

Insurance Co telephone: _____

Group Number: _____

Policy number: _____

Emergency Contact/Phone#:

Allergies/Medical condition: _____

Approved Pick-up people:

I verify the camp applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis, unless the condition is disclosed and approved. I hereby authorize the Directors of Rechelle Turner Basketball Camps to act for me according to their best judgement in any emergency requiring medical attention. If the camper should disregard the said rules, neither the camper, parent, nor guardian of the camper may hold Rechelle Turner, the Murray State basketball camp, nor its' staff responsible for resulting consequences. I, the undersigned hereby expressly agree to be responsible for any medical bill incurred in the treatment, or any illness, or accident (mental or physical). Also, as a condition of admittance as a camper, and on the behalf of the applicant, I hereby release Rechelle Turner, Murray State University, ad all other employees/agents of the camp from any and all liability from injuries.

Please note: A copy of Murray States Annual Security Report can be obtained by contacting the Murray State Police Department at 270-809-2222 or by accessing the following: [Annual Security Report](#)

Parent/Guardian Signature: _____

Date: _____