

**BasketBall City Summer Camps 2010**  
**Emergency Care**

I hereby authorize the Director of the BasketBall City Summer Camps and the Director of the Boston Celtics Camp to act for me according to his/her best judgment in any emergency requiring medical attention.

I hereby release and discharge the facility, the camp staff, the Boston Celtics, BasketBall City and affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my child's participation in camp.

Camper Name: \_\_\_\_\_ Date of Camp \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_