

Tommie Pride Basketball Camp

IMPORTANT Medical Form: Fill out all items and return

General Information:

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Birthday (MM/DD/YYYY): ____/____/____

Emergency Contact Information:

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

**Please allow the contacts listed below to be someone who can be reached if a parent/guardian is unavailable.*

Contact 1 Name: _____ Relationship to Child: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact 2 Name: _____ Relationship to Child: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Please choose the session and dates you are attending for the Tommie Pride Camps

- Session 0: Overnight/Commuter Camp
- Session 1: Full Day Camp at UST McCarthy
- Session 2: Full Day Camp at UST McCarthy
- Session 3: Full Day Camp at Visitation High School
 - Session 4: at Hill Murray High School

Medical History

Camper's Name: _____ Age: _____ Grade Next Year: _____

<u>Circle appropriate body part</u>	<u>L or R</u>	<u>Explain type & date of injury</u>
Shoulder, elbow, wrist	_____	_____
Head, neck	_____	_____
Back, upper or lower	_____	_____
Knee, ankle, foot	_____	_____
Eyes, contacts or glasses	_____	_____

1. List and describe allergies: _____
2. Did you have to discontinue participation in a sport last year because of injury or illness? If yes, explain: _____
3. Do you have a heart or lung condition? _____
4. List any medication you are taking? _____
5. When was the last time you had a physical exam? Date: _____
6. Have you been hospitalized in the last six months? If yes, describe: _____

7. Have you been knocked unconscious at any time in the last year? If yes, describe: _____

8. List any other medical condition that would be important for camp staff to know about: _____

Dear Parent or Guardian:

It is important that you understand that this is not a recreational camp and we do stress specific skill through drill and practice. At times, campers will be asked to engage in rigorous physical activity.

I hereby agree not to hold the Tommie Basketball Camp responsible for injuries or loss of health acquired while in attendance at the Tommie Basketball Camp. I certify that within the past three years my child has had a physical exam and she is able to participate in basketball activities. In the event of illness or injury, I hereby give my consent for medical treatment and my permission to the attending physician to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery. I will be responsible for any medical and other charges in connection with my child's attendance at camp and I certify that she is covered by medical insurance. In the case of any serious injury, parents will be contacted immediately.

Parent/Guardian Signature

Date

Medical Insurance Company

Policy Number (required)

*****This must be signed by an appropriate parent/guardian for player to attend camp!**