

# 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 1: Full Day Camp at USTAARC
- Session 2: Full Day Camp at UST McCarthy
- Session 3: Full Day Camp at Visitation High School
- Session 4: Full Day Camp 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 &amp; 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!\*\*\***

## **COVID-19 Protocol: (ALL guest must agree to)**

Agree to conduct a personal Health Screening prior to arrival on campus.

Agree to wear a face covering when in campus buildings and when working/walking with groups outside.