

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**

- Elite Camp
- Session 0: Overnight / Commuter Camp
- Session 1: Day Camp at UST McCarthy
- Session 2: Day Camp at Visitation High School
- Session 3: Day Camp at Hill Murry High School

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# Medial History

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Next year: \_\_\_\_\_

<b>Circle Appropriate body part:</b>	<b>L or R</b>	<b>Explain type &amp; date of injury</b>
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 so 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 ever been hospitalized in the last six months? If so, describe: \_\_\_\_\_
7. Have you been knocked unconscious at any time in the past year? If yes, describe: \_\_\_\_\_
8. List any other medical conditions that would be important for camp staff to know about: \_\_\_\_\_

**Dear Parent or Guardian:**

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

I hear by agreeing not to hold the Tommie basketball camp responsible for injuries or loss of health acquired while in attendance at the Tommie basketball camp. I certified that within the past three years my child has had a physical exam and she is able to participate in basketball activities. Advent of illness or injury, I hear by given my consent for medical treatment in 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 parents/guardian for player to attend camp!**