

# OWL BASKETBALL CAMP

## 2009 Owl Basketball Camps Health Statement

Session attending: (please check)
July 13-17 Session 1
July 20-24 Session 2

Camper's name (please print)	Gender (M, F)
Date of birth	Age
Home address	
City	State Zip

### In case of emergency

Parent/Guardian Complete

Name of father	_____		
Home phone	Work	Cell	_____
Home address _____			
_____			
Name of mother	_____		
Home phone	Work	Cell	_____
Home address _____			
_____			
Other emergency contact (print name and number) _____			
Your insurance company _____			
Name of policyholder	Policy #	_____	

### Release Form

In the event of an emergency requiring medical attention, I hereby grant permission to the athletic training staff, a physician, or to hospital personnel designated by the camp staff to attend to:

Parent/Guardian Complete

Name of camper	_____
I expect every effort will be made to contact me in order to receive my specific authorization prior to any hospitalization.	
Signed	Date _____
Emergency phone _____	
Pediatrician/physician	Phone _____

Name of camper (print) \_\_\_\_\_ has been examined and his/her health history and immunization records have been reviewed. There are no apparent physical or emotional conditions that would contraindicate participation in soccer camp activities. He/she is free of any contagious conditions at this time.

Date of most recent Tetanus Toxoid Immunization \_\_\_\_\_

Allergies (e.g., food, drugs, asthma, others)  No  Yes

If yes, please explain \_\_\_\_\_

Current medications  No  Yes

If you have any specific medical instructions for our staff, please indicate:

\_\_\_\_\_

Describe any current injuries (i.e., ankle, knee, wrist, shoulder)

\_\_\_\_\_

Health care provider name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Physician Complete