

OWL BASKETBALL CAMP

2009 Owl Basketball Camps Health Statement

Session attending: (please check)
July 6-10 Session 1
July 27-31 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