

# PEE WEE OWLS BASKETBALL CAMP

## 2009 Pee Wee Owls Health Statement



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

Parent/Guardian Complete

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:

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