

**2015 JOSH PASTNER BASKETBALL ACADEMY MEDICAL FORM  
MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE**

*Note: This form is required prior to participation in summer sport camps. Participation will not be permitted until this form has been completed and signed and is on file with the sports camp.*

**PLEASE PRINT USING BLACK INK**

**CAMP NAME: SESSION 1    SESSION 2    SESSION 3    POWER HOUR    PARENT/CHILD    DATES: \_\_\_\_\_**  
*Circle*

**PARTICIPANT INFORMATION**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
*First, Last*

**HOME ADDRESS:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
*Street Address*

**SCHOOL:** \_\_\_\_\_ **GRADE (Fall '15):** \_\_\_\_\_

**FATHER/GUARDIAN NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** *Home* (\_\_\_\_) \_\_\_\_\_ *Work* (\_\_\_\_) \_\_\_\_\_ *Cell* (\_\_\_\_) \_\_\_\_\_

**MOTHER/GUARDIAN NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** *Home* (\_\_\_\_) \_\_\_\_\_ *Work* (\_\_\_\_) \_\_\_\_\_ *Cell* (\_\_\_\_) \_\_\_\_\_

**OTHER/EMERGENCY CONTACT PERSON NAME:** \_\_\_\_\_

**PHONE:** *Home* (\_\_\_\_) \_\_\_\_\_ *Work* (\_\_\_\_) \_\_\_\_\_ *Cell* (\_\_\_\_) \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

**MEDICAL HISTORY (Please use back of this sheet if necessary) DATE OF LAST TETANUS BOOSTER:** \_\_\_\_\_

**Is the participant under the care of a provider for a medical problem? NO YES**

*If yes, please explain:* \_\_\_\_\_

**Is the participant taking medication prescribed by a health care provider? NO YES**

*If yes, please explain:* \_\_\_\_\_

**ALLERGIES ⇒ If yes, please list the allergy and provide additional information if necessary.**

<b>Insect bites/stings</b>	<b>NO</b>	<b>YES</b>	_____
<b>Medications</b>	<b>NO</b>	<b>YES</b>	_____
<b>Food</b>	<b>NO</b>	<b>YES</b>	_____
<b>Other</b>	<b>NO</b>	<b>YES</b>	_____

**RELEASE OF LIABILITY:** I/we the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Josh Pastner Basketball Academy, and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries or losses of personal property which may be sustained or occur during participation in camp activities while at camp.

**CONSENT FOR TREATMENT:** I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for sports camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

**PHYSICAL EXAMINATION WITHIN ONE YEAR:** I certify that within the past 12 months my child has had a physical examination by a physician and that he/she is physically able to participate in the sports camp activities.

**ASSUMPTION OF FINANCIAL RESPONSIBILITY:** I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation. I further understand that the sports camp carries an excess medical insurance policy for sports injuries to the camper that may result from camp activities. Camp insurance has limits and exclusions and any secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

**IMPORTANT: MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THESE TERMS**

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO PARTICIPANT:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**