



## Hoop Hall Dream Camp Medical Form



CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN CAMP UNTIL THIS FORM IS SIGNED AND RETURNED BY CAMPERS LEGAL GUARDIAN

**IMPORTANT**

**THIS FORM MUST BE COMPLETED AND SIGNED BY A PHYSICIAN, PARENT, AND CAMPER FORM DOES NOT NEED TO BE COMPLETED AT POINT OF REGISTRATION BUT MUST BE TURNED IN PRIOR TO CAMP**

CAMP SESSION ATTENDING: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF NOT AVAILABLE IN ANY EMERGENCY, NOTIFY:

Emergency Contact (1) \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_

Phone \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Special Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Insurance Group # \_\_\_\_\_

PARENTS AUTHORIZATION: This health history is correct so far as I know and the person geirin described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give my permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child and in the event I cannot be reached in an emergency. I understand that basketball is a physical activity and a contact sport. The Hoop Hall Dreams Camp and Basketbull LLC have informed me that during this activity, there is a possibility of serious injury or death. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgey for my child named above. I also understand that we are responsible to have health insurance coverage through a commercial health insurance carrier. I also waive The Hoop Hall Dreams Camp, The Basketball Hall of Fame, and Basketbull LLC of any responsibility to pay for hospital bills and/or insurance expenses.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

The Camper and his/her parents agree to abide by the rules and regulations set up by the Hoop Hall Dreams Camp for health, safety, and welfare of the Hoop Hall Dreams Camp. The following violations of camp rules will result in immediate dismissal from the camp without refund of camp fee:

1. Leaving the campgrounds without permission.
2. Willful destruction of camp property.
3. Use of drugs and/or alcoholic beverages.
4. Fighting and/or continued insubordinate behavior resulting in disrupting of the camp program.
5. Found or reported in "Restricted"/"Off Limits" areas of the dormitory at any time.

Camper's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If it is necessary, in the judgment of the camp, to use outside medical, surgical, or dental aid for the camper's health, all such expenses shall be paid by the parent/guardian, unless covered by parent/guardian insurance. The Hoop Hall Dreams Camp, The Basketball Hall of Fame, and Basketbull LLC are not responsible for articles of clothing or personal belongings lost or damaged by theft, laundry, or otherwise except if accepted by the camp director personally for safekeeping. If the parent cannot be reached in case of emergency, the camp is authorized to use its own judgment in any situation. The camp is given permission to use all pictures and video taken during my child's stay at camp for advertising. The parent gives permission to The Hoop Hall Dreams Camp and Basketbull LLC for the son/daughter to travel in all licensed camp vehicles during the course of the regular camp session.

**MEDICAL EXAMINATION – TO BE FILLED OUT BY LICENSED PHYSICIAN**

Camper Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

PLEASE CHECK ANY POSITIVE ANSWERS

Head \_\_\_\_\_ Concussion \_\_\_\_\_ Severe or Migraine Headaches \_\_\_\_\_ Dizziness \_\_\_\_\_ Nosebleeds

Skin \_\_\_\_\_ Severe Acne \_\_\_\_\_ Boils \_\_\_\_\_ Recurring Rashes

Eyes \_\_\_\_\_ Loss of Vision \_\_\_\_\_ Double Vision \_\_\_\_\_ Detached Retina \_\_\_\_\_ Contact Lens \_\_\_\_\_ Glasses

Neck \_\_\_\_\_ Numbness of Arms or Legs \_\_\_\_\_ Stiff Neck \_\_\_\_\_ Wry Neck

Teeth \_\_\_\_\_ Bridge Work \_\_\_\_\_ Dental Plates \_\_\_\_\_ Sever Caries \_\_\_\_\_ Orthodontic Appliances

Throat \_\_\_\_\_ Frequent Sore Throat \_\_\_\_\_ Tonicities

Ears \_\_\_\_\_ Ruptured Ear Drum \_\_\_\_\_ Abcess \_\_\_\_\_ Draining Ear \_\_\_\_\_ Hearing Loss

Chest \_\_\_\_\_ Deformity \_\_\_\_\_ Pain \_\_\_\_\_ Heart Mumurs \_\_\_\_\_ Shortness of Breath \_\_\_\_\_ Cough up blood

Abdomen \_\_\_\_\_ Cramps or Pain \_\_\_\_\_ Vomitting \_\_\_\_\_ Rupture \_\_\_\_\_ Bloody Diarrhea \_\_\_\_\_ Blood Urine \_\_\_\_\_ Sugar in Urine

Male \_\_\_\_\_ Genitourinary Disorders \_\_\_\_\_ Removal of Kidney \_\_\_\_\_ Undescended \_\_\_\_\_ Other

Female \_\_\_\_\_ Gynecological Disorders \_\_\_\_\_ Removal of Kidney \_\_\_\_\_ Ovarian Cyst \_\_\_\_\_ Menstrual Cycle

Spine \_\_\_\_\_ Scoliosis \_\_\_\_\_ Operations \_\_\_\_\_ Pain

Extremities \_\_\_\_\_ History of Varicose Veins \_\_\_\_\_ Severe Flat Feet

Please Circle Below Conditions Camper Has Had Or Currently Has:

Pneumonia	Rheumatic Fever	Scarlet Fever	Digestive Condition
Diabetes	Kidney Disease	High Blood Pressure	

List Any Other Conditions Not Listed Above:

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History of Surgical Operations:

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Date of Last Tetanus Shot:

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Athletic Injuries Previously Sustained:

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Does the Camper Require Any Special Equipment To Participate:

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Doctor's Comments:

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I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except noted as above.

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_