



WWBA Basketball Camp 2024 Personal Health and Medical Record

Camper Name _____ Date of Birth _____
Address _____ Age _____ Sex _____
City / State _____ Zip Code _____

Emergency Contacts

(Parents/Guardians should be the emergency contact, however,
you may list other people if parent/guardian cannot be contacted.)

1. Name _____ Relationship _____
Address _____ Home Phone _____
_____ Cell Phone _____
City / St / Zip _____ Day Phone _____

2. Name _____ Relationship _____
Address _____ Home Phone _____
_____ Cell Phone _____
City / St / Zip _____ Day Phone _____

Physician Information

Name _____ Phone _____
Address _____ City / St _____

Approved For Participation In

All Activities Restricted Activities

Explain any medical restriction or limitations: _____

Insurance

(*Or provide copy of insurance card)

Carrier _____

Policy # _____ Group # _____

Emergency Medical Information

(Has or is subject to. Check and give details)

_____ Asthma

_____ Heart Trouble

_____ Convulsions

_____ High Blood Pressure

_____ Diabetes

_____ Fainting Spells

_____ Allergy or reaction to any
medicine, food, plant,
animal or other

_____ Any other condition that may
require emergency or special
care, medication or
knowledge

_____ Contacts

Explain: _____

Immunizations

Each child attending must present documentation of immunizations or valid medical or religious exemption to vaccines.

***If we do not receive immunization information,
your child will NOT BE CLEARED TO PARTICIPATE***

Immunization

Most Recent MM/DD/YYYY

DTP/DTaP (Diphtheria/Tetanus/Pertussis)

OPV/IPV (Polio)

MMR (Measles/Mumps/Rubella)

Varivax/Varicella (Cpox)

HBV (Hepatitis B)

Meningococcal (for children ages 10+)

Medical History

Date of most recent physical exam: (MM/YY): _____

Are there any current health problems? No _____ Yes _____

Is the Camper now under medical care or taking medications? No _____ Yes _____

Will the Camper need medications administered during camp? No _____ Yes _____

Has the Camper had any surgery, injury, illness, allergy, or change in health since last physical exam? No _____ Yes _____

Explain any "YES" answers (for medications, also complete Medication Authorization Form):

Is there Disease of (or past or present history of):

	Circle One		Year	Details
Serious Illness	Y	N	_____	_____
Serious Injury	Y	N	_____	_____
Deformity	Y	N	_____	_____
Surgery	Y	N	_____	_____
Skin, Glands	Y	N	_____	_____
Ears, Eyes	Y	N	_____	_____
Nose, Sinus	Y	N	_____	_____
Teeth, Tonsils	Y	N	_____	_____
Dentures, Bridges	Y	N	_____	_____
Chest, Lungs	Y	N	_____	_____
Rheumatic Fever	Y	N	_____	_____
Stomach, Bowels	Y	N	_____	_____
Appendicitis	Y	N	_____	_____
Kidneys or Urine	Y	N	_____	_____
Infection	Y	N	_____	_____
Menstrual Problems	Y	N	_____	_____
Hernia Rupture	Y	N	_____	_____
Back, limbs, joints	Y	N	_____	_____
Sleepwalking	Y	N	_____	_____
Behavioral Condition	Y	N	_____	_____
Murmur	Y	N	_____	_____
Other (explain)	Y	N	_____	_____

Parent Authorization

To the best of my knowledge, the above medical history is correct and complete. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. I understand that the responsibility for adequate sickness and accident insurance coverage rests solely with the parent/guardian.

In the event of a medical emergency, i.e., beyond basic first aid, the camper will be transported to the nearest medical facility for treatment. Based upon past experience, the medical facility will require the permission of the parent/guardian prior to treatment. If you wish the camp staff to make other arrangements, please state below:

Parent / Guardian Signature

Date

Reviewed by Camp Health Director/Designee

Signature

Date



WWBA Basketball Camp

Waiver for Participation for Persons under 18

Boys Day Camp Session I: June 24 - 27, 2019 (Overnight: June 23 – 27, 2019)

I _____ (the undersigned parent/guardian) of the

_____ (minor's full name and age, applicant/participant)

acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Worldwide Basketball Association, its affiliated organizations and sponsors, their coaches, managers, employees, and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agreed to be financially responsible for the cost of such assistance and/or treatment. I, also agreed to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capability to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I)we have given up substantial right by signing this release and sign below voluntarily.

Parent/Guardian Signature _____ Date: _____



WWBA Basketball Camp

Medications

MEDICATION AUTHORIZATION FORM

All Campers who will be taking **any** medication during camp must have a **Medication Authorization Form** on file with the Sports Camp. Please fill the form out completely.

Without written authorization from a parent/guardian, we are not permitted to dispense any medication. Also note that only medication supplied by the parent/guardian may be dispensed. Please keep in mind that if your camper should need any type of medication once the camp has started, you will need to complete a Medication Authorization Form.

STORAGE

All prescription and over the counter medication must be stored at the Sports Camp Office **in its original container**. Please put your child's name somewhere on the container. No camper is permitted to carry medication with them during camp. You may send the medication on a daily basis or send a supply that we will store at the Sports Camp Office.

ASTHMA INHALERS

Any camper who needs or **may need** the use of an inhaler during sports camp must also have a Medication Authorization Form on file. We permit campers to keep their inhalers with them during camp. They may use their inhaler as needed under their Head Counselor's supervision.

Note: Campers do not need a medical authorization form for bug spray or sunscreen.



WWBA Basketball Camp Medication Authorization Form

****ALL MEDICATIONS MUST BE STORED IN THEIR ORIGINAL CONTAINERS**** (Form must be filled out completely)

Child's Name: _____

Group (If Known): _____

Name of Medication: _____

Precautionary Information / Side Effects: _____

Condition for use: _____

Instruction for Administration: _____

I authorize the WWBA Basketball Camp to administer this medication:

Date: _____ Parent / Guardian Signature: _____

Phone: _____ Parent / Guardian Name: _____
(please print)