The Chuck McBreen Basketball Camp - Application & Medical Information

Please print and fill out form. For health regulation this form MUST be filled out completely prior to the start of camp. There are no substitutes to this form.

Last Name:_____ **First Name:** _____ **Boy:**_____ **Girl:**_____

DOB: _____ / _____ / _____ **Age as of Camp:** _____

Street Address:_____ **City/Town:**_____ **State:**_____**Zip:**_____

Home Phone: (_____) _____-_____ **E-Mail Address:**_____**(Required)**

Father's Work: (_____) _____-_____ **Mother's Work:** (_____) _____-_____

Father's Cell: (_____) _____-_____ **Mother's Cell:** (_____) _____-_____

If parent is not available in the event of an emergency, please contact:

Name:_____ **Relationship:**_____ **Phone:**(_____) _____-_____

Name:_____ **Relationship:**_____ **Phone:**(_____) _____-_____

Personal Physician:_____ **Phone:**(_____) _____-_____ **Date Most Recent Exam:** _____ / _____ / _____

Camper's heath history information required prior to the start of camp. Camper's insurance policy is the primary coverage (Required)

Insurance Carrier:_____ **Policy #:**_____

Physician:_____ **Phone:**(_____) _____-_____ **Date of Recent Exam:** _____ / _____ / _____

Parents/Guardians can fill out this form. Contact campers physician for Medical History. Please indicate whether or not the camper has history or symptoms of the following:

General Information:	Yes	No	General Information:	Yes	No	General Information:	Yes	No
Serious Injury	☐	☐	Serious Illness	☐	☐	Mental Illness	☐	☐
Surgery	☐	☐	Rhuematic Fever	☐	☐	Behavioral	☐	☐
Deformity	☐	☐	Digestion	☐	☐	Attention Disorder	☐	☐
Nose, Sinus	☐	☐	Chest, Lungs	☐	☐	Sleep Walking	☐	☐
Skin, Glands	☐	☐	High Blood Pressure	☐	☐	Hernia	☐	☐
Ears, Eyes	☐	☐	Heart Murmur	☐	☐	Back, Limbs, Joints	☐	☐
Stomach, Bowels	☐	☐	Fainting	☐	☐	Teeth	☐	☐
Appendicitis	☐	☐	Convulsions	☐	☐	Dentures	☐	☐
Kidneys	☐	☐	Heart Trouble	☐	☐	Tonsils	☐	☐
Urine Infection	☐	☐	Cancer/Leukemia	☐	☐	Contact Lenses	☐	☐
Bed Wetting	☐	☐	Diabetes	☐	☐	Asthma	☐	☐
Menstrual	☐	☐	Hemophilia	☐	☐	Take Prescription Daily	☐	☐

CAMPER'S IMMUNIZATION HISTORY

The State of New Jersey requires that the camper's immunization history is on file prior to the camper's participation. The camper **WILL NOT** be allowed to participate until this information is on file. All dates must be completely filled in. The form WILL NOT be accepted without proper months and years indicated. Please do not submit photo copy of doctor's immunization history.

Immunization:	Month	Year
Tetanus Toxoid		
Measles		
Polio		
Diptheria		
Hepatitus B		
Pertussis		
Rubella		
Mumps		

Is Camper taking any medication? ☐ No ☐ Yes Explain:

All medications must be checked in the first day of camp. Medications must be in the original container and clearly marked with the camper's name and dosage. By signing this form parental permission is given to camp personel to administer such medications.

Does Camper have any current health problems? ☐ No ☐ Yes Explain:

Has there been any surgery, injury, illness, allergy or change of health status since last examination? ☐ No ☐ Yes Explain:

Does Camper have any know allergies(food, medications. insects, plants, etc)? ☐ No ☐ Yes Explain:

Emergency Medical Authorization: The applicant is in good physical and mental health and has parental permission to participate in this program and to engage in all prescribed camp activities. There is a potential risk of injury in the participation of Camp activities. Parent/guardian hereby assumes all risks and hazards incidental to the applicant's participation in camp and does hereby waive, release, absolve and agree to hold harmless the camp, the Camp Directors and Camp Staff from any claims arising out of injury to applicant. In the event that parent/guardian cannot be reached in an EMERGENCY, parent/guardian hereby gives permission to the physician selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for applicant as needed.

X_____ Printed Name:_____ Date:_____/_____/_____

Signature of Parent/Guardian