

# Antonio Daniels Summer Camps

## Basketball Camp Medical History and Release Form

**Date of Camp:** \_\_\_\_\_

**Personal Information (Please Print Legibly):**

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

**Parent or Guardian Information:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In Emergency, Contact:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Release and Insurance:**

Your Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participant, \_\_\_\_\_, has my permission to participate in the camp held at the Antonio Daniels Basketball Camp. I hereby authorize the directors and employees of CEB Enterprises to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release CEB Enterprises, Inc.. I will be responsible for any medical or other charges incurred in connection with his or her attendance at camp. Listed above is the insurance company that insures the camper named on this form.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**Medical History:**

If the camper has had a previous, serious injury or illness that is related in any way to athletic performance, please explain below.

Previous Injury: \_\_\_\_\_

Current Status: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Does the camper have asthma: YES NO

Please elaborate on any medical conditions CEB should be a ware of regarding the camper:

State any special instructions to follow in case of an emergency: \_\_\_\_\_