

Hoop Group Elite Medical Form



MUST BE RETURNED ON THE 1st Day of Camp or Clinic at Registration

Camp Session Attending: _____

IMPORTANT!

MUST BE BROUGHT TO CAMP & SIGNED BY A PHYSICIAN, PARENT & CAMPER

Name _____ Date of Birth _____ Sex _____ Age _____
Parent/Guardian _____ Home Phone() _____ Work Phone() _____
Home Address _____ City _____ State _____ Zip _____

IF NOT AVAILABLE IN ANY EMERGENCY, NOTIFY:

Emergency Contact _____ Phone () _____
Emergency Contact _____ Phone () _____
Name of Family Doctor _____ Phone () _____
Allergies/Medications _____
Special Conditions _____
Insurance Company _____ Policy No. _____ Group No. _____

MUST BE COMPLETED FOR ATTENDANCE

PARENT'S AUTHORIZATION: This health history is correct so far as I know and the person herein 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. Eastern Invitational has 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 surgery for my child as named above. I also understand that we are responsible to have coverage with Blue Cross, Blue Shield or another commercial insurance carrier. I also waive

Eastern Invitational, Inc. of any responsibility to pay for hospital bills 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 Camp for health, safety and welfare of the Camp. The following violations of camp rules will result in immediate dismissal from the camp without refund of camp fee:

- 1) Leaving 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.

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, unless covered by parent or guardian's insurance. The camp is 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 taken during my child's stay at camp for any advertising. The parent gives permission to Pocono Invitational for the son/daughter to travel in all licensed camp vehicles during the course of the regular camp session. This also includes buses that are used on rainy days to our other indoor facilities.

Signature of Parent/Guardian _____ Date _____

MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN

Name _____ Social Security # _____
Height _____ Weight _____ Blood Pressure _____ Pulse _____

Check any positive answers:

- HEAD Concussion Severe or migraine headache 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 eardrum Abscess Draining ear Hearing Loss
CHEST Deformity Pain Heart murmurs Shortness of breath Coughing up blood
ABDOMEN Cramps or pain Vomiting Rupture
 Bloody diarrhea History of bloody urine Sugar in the 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

Have you ever had: (circle yes or no)			Digestive Condition	yes	no
Pneumonia	yes	no	Diabetes	yes	no
Rheumatic Fever	yes	no	Kidney Disease	yes	no
Scarlet Fever	yes	no	High Blood Pressure	yes	no

List any other conditions no listed above: _____

History of Surgical Operations: _____

Date of last tetanus shot: _____

Athletic injuries previously sustained: _____

Do you require any special equipment to participate? _____

Doctor's comments: _____

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 as noted above.

Signature of Examining Physician _____ Date _____