

WOOSTER BASKETBALL CAMP FOR GIRLS
www.wosterbasketballcamp.com
EMERGENCY INFORMATION AND PHYSICAL EXAMINATION FORM

** All information must be complete in order to register for camp.

NAME _____ BIRTHDATE _____ AGE _____

Address _____
Street City State zip

Parent's (Guardian) name _____ Home phone _____

Emergency phone # for parents during day: Father _____ Mother _____

If parents cannot be contacted in an emergency, notify _____ @ _____
NAME Phone #

PLEASE NOTE ANY SPECIAL OR MEDICAL CONDITIONS (Allergies, Asthma, etc.) OF WHICH WE SHOULD BE AWARE:

LIST ALL PREVIOUS HOSPITALIZATIONS: _____

LIST ANY MEDICATIONS CURRENTLY BEING TAKEN: _____

ARE ALL IMMUNIZATIONS UP TO DATE? ____ yes ____ no Date of last tetanus _____

IS THERE ANY REASON WHY PARTICIPATION SHOULD BE LIMITED IN ANY WAY? ____ yes ____ no

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or his designate at The College of Wooster to secure any and all necessary medical treatment. I understand that an attempt will be made to contact the parent before treatment is initiated. If I cannot be reached, I authorize the attending physician to render any and all medical care which he/she deems necessary.

Parent's Signature Date

PRE-PARTICIPATION PHYSICAL EXAM

This is to certify that _____ has been thoroughly examined by
camper

Name and address of examining physician

and has been found in good health and may participate in all camp activities.

*Date Physician's signature
***Date of exam must be within one year of the first day of camp.**