

JOHN BECKER BASKETBALL CAMP & CLINIC HEALTH & LIABILITY FORM

Please print in ink or type

This form must be completed in FULL, including signatures of parent or legal guardian, and sent in by the deadline to the **John Becker Basketball Camp, Patrick Gymnasium, 97 Spear Street, Burlington, VT 05405**

Campers will NOT BE ALLOWED to participate without the completed health and parental release forms.

Camp Name: _____ Date (s) of camp: _____

Camper's Name: _____ Sex: _____ Date of Birth: _____
(Last) (First)

Medical History (please check for "yes")

German Measles (Rubella) Scarlet Fever Diabetes
Measles Chicken Pox Epilepsy
Mumps Pneumonia Heart condition
Other: _____ Heat Illness

Immunization History

Allergies

Are the following immunizations up to date? Yes No Yes No
MMR _____ Peanut Sulpha
Diphtheria _____ Asthma Penicillin
Tetanus _____ Eczema Antibiotic
Polio Vaccine _____ Insect Stings other: _____
Pertussis (Whooping Cough) _____ other: _____

Is your son/daughter allowed to swim? Yes No Please list any swimming restrictions for your child:

Please list any additional, pertinent medical information we should have regarding past injuries, past medical history, or physical limitations relating directly to the participant's ability to participate.



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Student's/Participant's Complete Name: _____
(Last) (First)

Address: _____ City _____ State _____ Zip _____

Parent/Guardian Name (1) _____, Home Phone () _____

Work Phone () _____, Cell Phone () _____, Beeper _____

Parent/Guardian Name (2) _____, Home Phone () _____

Work Phone () _____, Cell Phone () _____, Beeper _____

Insurance Carrier _____ Policy # _____, Policyholder's Name _____

Alternate Emergency Contact:

Name _____ Relationship to Camper: _____ Phone () _____

The following person(s) may NOT pick up my child at the end of the day:

If medication will be taken during camp, indicate name of drug, reason for taking, dosage, and frequency:

To the best of my knowledge, my child is in good health and can participate in the above listed camp/clinic. I do not anticipate that my child will have any health problems while participating in camp activities, however, John Becker Basketball Camp should be aware of the following medical conditions or medications that my child takes:

Medical Condition: _____

Accomodations Needed: _____

NOTE: If the above-named individual has a history of serious illness or injury (i.e. heart murmur, epilepsy, surgery, etc.), a note signed by a physician clearing the individual for full participation in all camp activities must accompany this form.

I give permission for my child, (name) _____ to participate in (name of camp) _____. I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the John Becker Basketball Camp, its trustees, officers, employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities. This release, however, is not intended to release the University of Vermont from causes of action arising out of the sole negligence of the John Becker Basketball Camp, its trustees, officers, employees or agents.

In the event my child becomes ill or injured during camp activities, I authorize John Becker Basketball Camp staff to seek emergency care. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number. I understand that John Becker Basketball Camp does not pay for medical treatment of injured campers and any medical bills, whether emergency or not, will be my financial responsibility.

I also agree to permit the John Becker Basketball Camp to release pictures regarding my child's participation in camps sponsored by John Becker Basketball Camp.

I have read this release of liability and I fully understand its terms.

Parent/Guardian Name (print) _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
