THE 2012 GREIVIS VASQUEZ SUMMER BASKETBALL CAMP
AT THE DISCOVERY SPORTS CENTER
"MEDICAL FORM"

Please print or type (fill out completely!!!)

Last Name	First Name	MI	DOB	Age
Address	City	State	Zip	
Parent/Guardian Name and Address **(if different from above)**	City	State	Zip	
( ) Home Phone	**( )** Work Phone (Mom)	**( )** Work Phone (Dad)		

*** PERSON TO CONTACT IN CASE OF EMERGENCY _____ phone # _____**

	YES	NO
Epilepsy	☐	☐
Diabetes	☐	☐
Known Allergies	☐	☐
Rheumatic Fever or Heart Murmur	☐	☐
Head Injury with Unconsciousness	☐	☐
Operations	☐	☐
Irregular Heart Beat or High Blood Pressure	☐	☐
Dizziness, Palpitations	☐	☐
Recent Injuries (Neck, Spine, Joints, etc.)	☐	☐
Recent Infections	☐	☐
Date of Last Tetanus Shot		
Is the camper under treatment for any medical conditions (specify)	☐	☐

Remarks or Additional Info:_____
_____
_____

The undersigned, being a parent or legal guardian of the child requesting camp acceptance, does hereby affirm the applicant is physically able to perform activities conducted at the Greivis Vasquez Basketball Camp and I hereby give my permission for such medical procedures as may be necessary to this camper by the Discovery Sports Center in the event of sickness or injury. As the legal guardian for the above named student, I hereby give my permission for him, to receive medical treatment from the trainer on duty when deemed necessary, and if necessary he may be treated by the local hospital. (If religious convictions preclude this authorization, we respectfully request that a statement be attached to this form indicating the manner in which emergencies should be handled.) I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release Steve Blake, Greivis Vasquez, Bell Management, Inc., One on One Basketball, Inc., and all other employees or agents of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

_____ _____
Parent/Guardian Signature Date

Name of Insurance Co. _____ Name of Insurer _____

Policy # _____ Group # _____