

**THE 2012 ROGER MASON JR'S 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 Roger Mason Jr's 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 Roger Mason, Discovery Sports Center, Maryland Soccer Foundation, Maryland SoccerPlex., 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 # _____