

**Kellie Harper Wolfpack Basketball Academy
Camper Participation Form/ Physical**

This form is to be filled out completely and returned to the Camp Director at registration.

Camper: _____ Date of Birth: _____

School: _____ Grade: _____ Date: _____

Address: _____

Parents' Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Address: _____

Insurance Company (accident): _____ Policy #: _____

Medical History (please answer all questions)

Have you had:	Yes	No	Comments
Eye Trouble			
Ear, nose, throat trouble			
Frequent/ severe headaches			
Stomach/ intestinal trouble			
Kidney or bladder disease			
Rheumatic Fever/ heart murmur			
Infect. Mononucleosis			
Anemia, epilepsy, diabetes			
Asthma, hay fever, hives			
Injury to bones or joints			
"trick" knee, shoulder, etc.			

Do you have any condition, or is any drug or other treatment being followed, which should be continued or periodically evaluated? (Give details) No _____ Yes _____

Have you had any drug or other known sensitivity or intolerance? (Give details)

No _____ Yes _____

Have you had any illness, injury, or operation or been hospitalized other than as already noted? (Give details) No _____ Yes _____

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Height: _____ Weight: _____ Blood Pressure: _____

- | | | | |
|----------|-----------------|-------|-------|
| 1. _____ | Eyes | _____ | _____ |
| 2. _____ | ENT | _____ | _____ |
| 3. _____ | Heart | _____ | _____ |
| 4. _____ | Lungs | _____ | _____ |
| 5. _____ | Abdomen | _____ | _____ |
| 6. _____ | Musculoskeletal | _____ | _____ |
| 7. _____ | Neurological | _____ | _____ |
| 8. _____ | Skin | _____ | _____ |

Laboratory

Urinalysis: _____

Other (where indicated): _____

I certify that I have examined this camper and find her medically (qualified, not qualified) to participate in the Kellie Harper Wolfpack Basketball Academy activities.

Signature of physician: _____

Address: _____

If student is not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney or eye.)

I certify that the information in this application is correct. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I also understand that my daughter must provide her own insurance policy protection to cover medical treatment for the camp activities.

Signature of Parent/ Legal Guardian: _____

Physician's Signature (acknowledging review): _____