# NEW JERSEY BASKETBALL ACADEMY
# CAMP MEDICAL FORM

**Please check location:** ☐ **Little Falls** ☐ **Mt. St. Dominic** ☐ **Verona** ☐ **Wayne**

Camper/Staff Name _____ Date of Birth _____
Address _____ Age _____ Sex _____
City _____ State _____ Zip _____
Phone # (H) _____ (W) _____ (cell) _____

**IN EMERGENCY NOTIFY**

Name _____ Relationship _____
Phone # (H) _____ (W) _____ Cell _____

Name _____ Relationship _____
Phone # (H) _____ (W) _____ Cell _____

## MEDICAL HISTORY

**PEDIATRICIAN'S NAME: _____ PHONE #: _____**
Date of most recent physical examination _____
Do you have any current health problems (if yes, please explain) _____
Are you presently under medical care (if yes, please explain) _____
Do you have any allergies (if yes, please explain) _____
Explain any restrictions or limitations _____

**IMMUNIZATIONS: (MANDATORY. DATES MUST BE INCLUDED)**

| | | | |
|---|---|---|---|
| Tetanus | _____ | Mumps _____ | Measles_____ |
| Diphtheria | _____ | Rubella _____ | Chicken Pox _____ |
| Polio | _____ | Whooping Cough_____ | |

## Parent/Guardian Authorization, Liability Waiver and Release:

To the best of my knowledge, history is correct and complete. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. I hereby authorize the director of the New Jersey Basketball Academy Camps to act for me according to his best judgment in any emergency requiring medical attention. I hereby release, discharge and indemnify the New Jersey Basketball Academy, LLC, Bill Maranz, Tim Capstraw, camp staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my child's participation in the camp.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

Please return to: New Jersey Basketball Academy
18 Cliff Street
Verona, NJ 07044

FOR CAMP USE ONLY
Reviewed by: _____ Date: _____

Camp Date(s): _____