

**THE 2019 DUAL SPORTS CAMP  
AT THE DISCOVERY SPORTS CENTER  
"MEDICAL FORM"**

Please print or type (fill out completely)

**Camper Information:**

Last Name	First Name	MI	DOB	Age
Address		City	State	Zip
Parent/Guardian Name				
( )	( )	( )		
Home Phone	Contact Number (Mom)	Contact Number (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 Dual Sports 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 the Maryland Soccer Foundation, 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 # \_\_\_\_\_