SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME _____DATE_____
DATE OF BIRTH_____
ADDRESS_____
KNOWN ALLERGIES_____
DATE OF LAST TETNUS BOOSTER SHOT_____
CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS), SUPPLEMENTS_____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

_____Ongoing or chronic illness
_____Hospitalized overnight
_____Chest pain during exercise
_____High blood pressure
_____Asthma
_____Surgery
_____Passed out or dizziness after exercise
_____Heart murmur
_____Seizures
_____Concussion or loss of consciousness
_____Cough, wheezing, or trouble after or during exercise
_____Racing of your heart or skipped heartbeats
_____Family member or relative who died of heart disease or sudden death before age 50
_____Problems with eyes (decreased vision, eyeglasses, contact lenses)
_____Orthopedic injuries (sprains, fractures, ligament damage). Please describe:
_____

I certify that the above information is complete and correct.
Signature:_____Date:_____

PHYSICAL EXAM BP_____PULSE_____HT_____WT_____

Please check if ABNORMAL and explain:

_____Eyes/ears/nose/throat
_____Lymph nodes
_____Heart
_____Pulses
_____Lungs
_____Abdomen
_____Genitalia/hernia
_____Skin
_____Neck
_____Back
_____Shoulder/upper arm
_____Elbow/forearm
_____Wrist/forearm
_____Hip/upper leg
_____Knee
_____Lower leg/ankle/foot

EXPLANATION OF ABNORMALS:_____

_____Cleared for all athletic activities
_____Not cleared for all athletic activities
Reason_____
Restrictions/Recommendations:_____

Signature of Examiner:_____Date:_____
Printed name of Examiner_____
Address of Examininer_____
_____

** This exam must be conducted within one year prior to the start of the camp.

INSURANCE INFORMATION
(parent/guardian please fill out)

SUBSCRIBER:_____ RELATIONSHIP TO CAMPER:_____
SUBSCRIBER'S DATE OF BIRTH_____ SUBSCRIBER'S EMPLOYER:_____
NAME OF INSURANCE COMPANY:_____
CLAIMS MAILING ADDRESS:_____
POLICY NUMBER:_____ GROUP NUMBER_____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

_____ _____
Parent/Guardian Signature Date

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (camper name), I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the University of Kansas Bill Self Kansas Basketball Camp. I understand that participation in basketball, and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the employees or agents of the University of Kansas Bill Self Kansas Basketball Camp, Kansas Athletics, or the University of Kansas to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the coaches and support staff of the Kansas Men's Basketball program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

_____ _____

Parent Signature Date

Address:_____

Parent/Guardian Phone:_____ Alternate Phone:_____
Alternate Phone:_____

INSURANCE INFORMATION
(parent/guardian please fill out)

SUBSCRIBER:_____ RELATIONSHIP TO CAMPER:_____
SUBSCRIBER'S DATE OF BIRTH_____ SUBSCRIBER'S EMPLOYER:_____
NAME OF INSURANCE COMPANY:_____
CLAIMS MAILING ADDRESS:_____
POLICY NUMBER:_____ GROUP NUMBER_____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

_____ _____

Signature Date