

**Paul Hogan Basketball Camps-Hogan Basketball Camps, LLC-Gold Rush Basketball Club, LLC
Annual Health Screening Form**

*This form is to be **completed by the parent/guardian before** participation in the Specialty, Rip City or Point Guard Basketball Camps or Gold Rush Basketball Club, LLC operated by Paul Hogan Basketball Camps, LLC and/or Gold Rush Basketball Club LLC of the registered camper/player. Any special needs for a child should be documented in writing (typed) for our records. Any medication needs should be documented for our staff and/or athletic trainer to assist with the handling of such needs. **Please print answers to all the questions and please meet with our athletic director, coaches and/or site director during the registration time on day one of the camp or GRBC program.**

Name _____ Male ___ Female ___ HT. ___ WT. ___ BIRTHDATE ___/___/___

ADDRESS _____ CITY/STATE _____ ZIP _____

DATE OF LAST TETANUS SHOT _____ FAMILY DOCTOR _____

*Students are required to have a Tetanus Booster (shot) 10 years after their last DPT/TD/DT by New Hampshire State Law. The law requires that children not properly immunized must be excluded from school. If it has been more than six years, please get a tetanus booster administered by a physician.

NOTIFY IN CASE OF EMERGENCY _____ **Phone #** _____

1. In the last year, have you had any medical or physical problems including your head, back, arms or legs? No ___ If yes, what are the problems? _____

2. Have you had an operation or serious illness within the past year? No ___ If yes, what? _____

Have you ever been told to give up sports because of a health problem? No ___ If yes, what? _____

3. **MEDICATIONS**

Currently on any medications? No ___ If yes, please list.

* _____

Allergies/Bee Sting? No ___ If yes, do you need any medications? Please list.

* _____

Do you use an inhaler for respiratory problems? No ___ If yes, do you need an inhaler during sports?

* _____

4. Are there any limitations on physical activity? _____

5. Please write down any other information you feel would be pertinent?

I HEREBY AGREE THAT THE ABOVE STATEMENTS OF MEDICAL HISTORY ARE ACCURATE AND I GIVE MY CONSENT FOR THIS CAMPER TO PARTICIPATE IN ALL CAMP ACTIVITIES.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

HOME PHONE _____ **EMERGENCY PHONE** _____

*Please bring this in completed at the time of registration on the first day of camp or the GRBC program. Forms will be available at registration time. One form can be used for all the NHTI camps or the GRBC program being attended.

Camp/Camps/Program Attending: Rip City ___ Pt, Guard ___ Specialty ___ GRBC ___