

Jeff Jones Basketball Camp, LLC

Parent/Guardian please read and sign for participation in camp:

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is physically able to perform activities conducted at the Jeff Jones Basketball Camp, LLC and I hereby authorize any medical evaluation or treatment which may be advised or recommended by the attending certified athletic trainer of my child while at the Jeff Jones Basketball Camp. In consideration of my application being accepted, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release and forever discharge any and all claims for damages, which I may have or which may hereafter occur to me against the Jeff Jones Basketball Camp, LLC and Old Dominion University or their respective officers, agents, representative, successors, and/or assigns, for any or all damages which may be sustained or suffered by me in connection with my association with, or participation in, on the campus of Old Dominion University. I, the parent or guardian, do hereby agree to the above waiver and release.

Camper's Name

Address

Parent/Guardian/Adult Accompanying Camper's Name

Parent/Guardian/Adult Accompanying Camper's Signature

Date

- *Please sign and turn in at the time of registration.*

JEFF JONES BASKETBALL CAMP
ATHLETIC CAMP HEALTH INFORMATION FORM

(Please print)

Camper's Name _____ DateOfBirth _____

Age _____ Grade Entering in Fall _____

Camper's Address _____

City _____ State _____ Zip Code _____

Phone () _____

Emergency Contact _____ Phone _____

Camp Attending _____ Camp Dates _____

Has your child had any of the following? (Please check)

Scarlet fever Measles Kidney disease Asthma

Chicken pox Malaria German measles Diphtheria

Rheumatic fever Heart Murmur Whooping cough Cancer

Diabetes Tuberculosis Epilepsy Mumps

Does your child have any allergies (food, medication, bee stings, etc.)? YES NO

If yes, please list:

Is your child taking any medication at present? YES NO

If yes, please explain:

Has your child had any surgery? YES NO If yes, please list:

Date of surgery _____

Please list any medical conditions, not mentioned above, or incompletely healed injuries from which your child is currently recovering:

Note: Insurance information must be complete to provide treatment for your child.

Name of Insurance Company _____

Insurance Company Address _____

Policy Number _____

Policyholder Name _____

Group Number _____

Parent's Signature _____

Please bring form with you to camp or fax to (757) 683-3363

THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CHILD TO PARTICIPATE IN ANY JEFF JONES BASKETBALL CAMPS HELD AT OLD DOMINION UNIVERSITY.