

## YOUTH PROGRAM MEDICAL INFORMATION FORM

### INSTRUCTIONS

The University of Alabama and Bama Basketball Camps request the information on this form so that, in case of emergency, we will have accurate information to assist with providing or securing appropriate medical assistance for our participants. It is recommended that you consult with a physician prior to participating in this program. If the participant has a pre-existing medical condition, participation in any strenuous activity may not be recommended. You are accountable for providing an accurate medical history, but final determination about appropriateness of participation is the responsibility of you and your physician.

Please answer all questions below. If the participant has any medical issue that is not specifically requested below, but which you think is important, please include that information with camp registration form. If you answer yes to any of the following, please explain as indicated.

### PARENT/GUARDIAN INFORMATION

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

### PHYSICIAN & INSURANCE INFORMATION

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE SUBSCRIBER NAME: \_\_\_\_\_

SUBSCRIBER DATE OF BIRTH: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

GROUP CONTRACT NUMBER: \_\_\_\_\_

I understand that The University of Alabama does not offer any form of health, liability, or other insurance coverage for participants.  
(Please initial: \_\_\_\_\_)

### MEDICAL INFORMATION

ARE ALL IMMUNIZATIONS UP TO DATE? \_\_\_\_ YES \_\_\_\_ NO

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

### YOUTH PROGRAM MEDICAL INFORMATION FORM

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

If your child has any limiting medical conditions that you or your doctor feel could impact participation in this program, please explain.

List any allergies: (Ex. medications, bee stings, food, latex, plants, etc.)

Explain any accommodations that your child needs to enable them to safely participate in the program/activity: (Attach additional information, if necessary.)

### ADDITIONAL INFORMATION

Please provide any additional information or explanation that you feel could be relevant or beneficial for our staff to know in supporting your child during this program. (Attach additional information, if necessary.)

### EMERGENCY CONTACTS

EMERGENCY CONTACT 1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT 2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL CARE

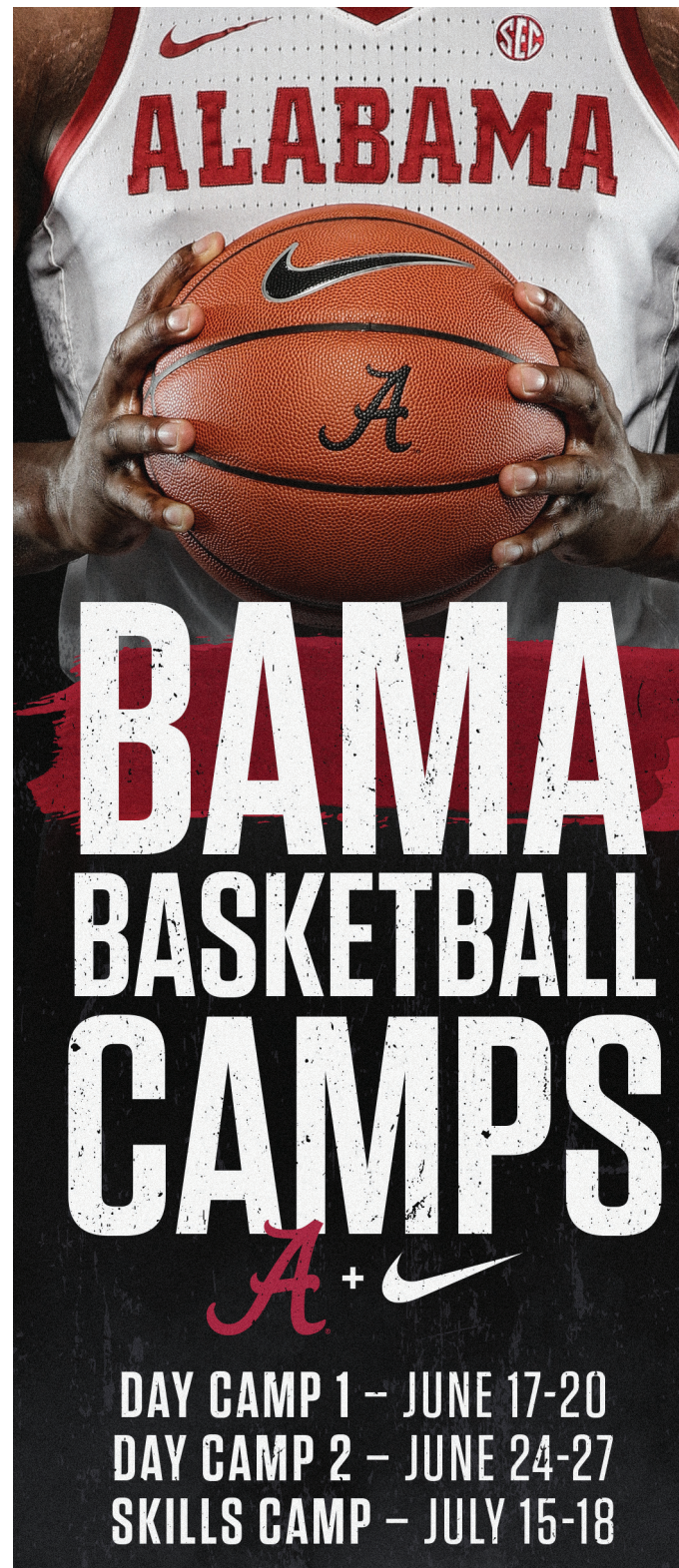
I understand that my child is voluntarily participating in a program/activity at The University of Alabama. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in this program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I will assume the financial responsibility for any costs associated with health care for my child that may occur during this program. I hold harmless and agree to indemnify the program/activity, The University of Alabama, its agents, and the Board of Trustees from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_



## OBJECTIVE

The purpose of the Alabama Men's Basketball Camp is to teach the fundamentals of basketball - dribbling, shooting, passing, rebounding, defense, and team play - while also stressing the importance of hard work, a positive attitude, and sportsmanship. We want our campers to have a GREAT time while also becoming better players and better people during their time with us.

Each camper will have a chance to enjoy our beautiful campus and facilities while receiving individual instruction from some of the top basketball coaches in the region.

\* All camps are open to any and all entrants, limited only by age and the number of participants.

## CAMP OPTIONS

### DAY CAMP

Ages: Entering Grades 3 & Up

Camp 1: June 17-20

Camp 2: June 24-27

Fee: \$350

Camp Hours: 9am-5pm

Price Includes: Lunch Each Day, Gatorade, Personal Evaluation, Basketball, Camp T-shirt

### SKILLS CAMP

Dates: July 15-18

Session 1: Ages: Entering Grades 1-4

Camp Hours: 9am-12pm

Session 2: Ages: Entering Grades 5-7

Camp Hours: 1pm-4pm

Fee: \$175

Price Includes: Lunch Each Day, Gatorade, Personal Evaluation, Basketball, Camp T-shirt

## HOUSING

Embassy Suites Tuscaloosa is offering our wonderful campers and their parents a discounted rate for your stay while at camp

For more information visit our website at [www.bamabasketballcamps.com](http://www.bamabasketballcamps.com) or contact Embassy Suites at 205.561.2500

## EVERYTHING YOU NEED TO KNOW

### STAFF

Alabama Basketball Camp will be assisted by the entire Alabama Basketball staff. Other camp workers will include University of Alabama team members, former Alabama greats, and some of the best high school and middle school coaches in the Southeast.

### SIGN-IN

Registration and Sign-In for Day Camp 1 & 2 will start in the main lobby of Coleman Coliseum. Day Camp Registration is from 7:00am - 8:50am on the 1st day of each camp. Registration and Sign-In for Skills Camp Sessions 1 & 2 will start on the Southeast side of Coleman Coliseum. Session 1 Registration is from 8:00am - 8:50am and Session 2 Registration is from 12:00pm - 12:50pm.

### FACILITIES

Day Camp Activities will take place in three locations: Coleman Coliseum main floor, the Men's Basketball Practice Facility, and the University Recreation Center. Skills Camp Activities will take place in the Men's Basketball Practice Facility. All courts are hardwood and fully air-conditioned.

### CAMP ATTIRE AND WHAT TO PACK

All campers should come to camp in basketball gear: athletic shorts, t-shirt/jersey, socks, and shoes.

### CAMP BANK

Our staff will run a camp bank so that campers will not have to keep up with their own money during the week. At our Camp Store, campers will have the opportunity to purchase an assortment of snacks, drinks, and gear. Any money left over at the end of camp will be paid out in full at check-out.

### MEALS

Campers will eat meals inside Coleman Coliseum provided by a variety of local vendors (Day Camps ONLY, Skills Camp attendees will NOT be provided lunch).

### MEDICAL FORMS AND INSURANCE

Two forms MUST be submitted for each camper:

1. Youth Program Medial Information Form (on the back of this brochure)
2. Liability Waiver (available online)

**Campers who do not complete and submit both forms will NOT be allowed to participate in camp.**

There will be a licensed Athletic Athletic trainer on duty for the entire duration of camp in every gym where games are played.

### CANCELLATION AND REFUND POLICY

There will be an administrative fee of \$50 for all cancellations, with the remaining balance being refunded after all camps have ended.

## REGISTRATION

### MAIL: BAMA BASKETBALL CAMPS

Box 870393, Tuscaloosa, AL 35487

### ONLINE: BAMABASKETBALLCAMPS.COM

Registration Deadlines are the Following:

Day Camp 1: June 14th at 11:59pm

Day Camp 2: June 21th at 11:59pm

Skills Camp Sessions 1 & 2: July 12th at 11:59pm

## CAMPER INFORMATION

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

GRADE NEXT YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

MOTHERS CELL PHONE: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(Correspondence handled via email regularly.)

## CHOOSE YOUR SESSION

### DAY CAMP

☐ JUNE 17-20, \$350  
Entering Grades 3 & Up

☐ JUNE 24-27, \$350  
Entering Grades 3 & Up

### SKILLS CAMP

☐ JULY 15-18, SESSION 1, \$175  
Entering Grades 1-4

☐ JULY 15-18, SESSION 2, \$175  
Entering Grades 5-7

## QUESTIONS

Phone: 205-348-4551

Email: [bamabasketballcamps@ia.ua.edu](mailto:bamabasketballcamps@ia.ua.edu)

\* Alabama Basketball Camp is open to any and all entrants. NCAA rules prohibit representative of UA's athletics interests (a booster) who is not naturally or legally responsible for a prospective student-athlete (grades 9-12) from providing any expenses to attend a camp or clinic. Violations of this could result in loss of NCAA eligibility for the prospective student-athlete. If you have questions regarding this or any other NCAA rule, please contact the UA Office of Compliance at [compliance@ia.ua.edu](mailto:compliance@ia.ua.edu) or 205-348-3615