

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 the 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: _____

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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

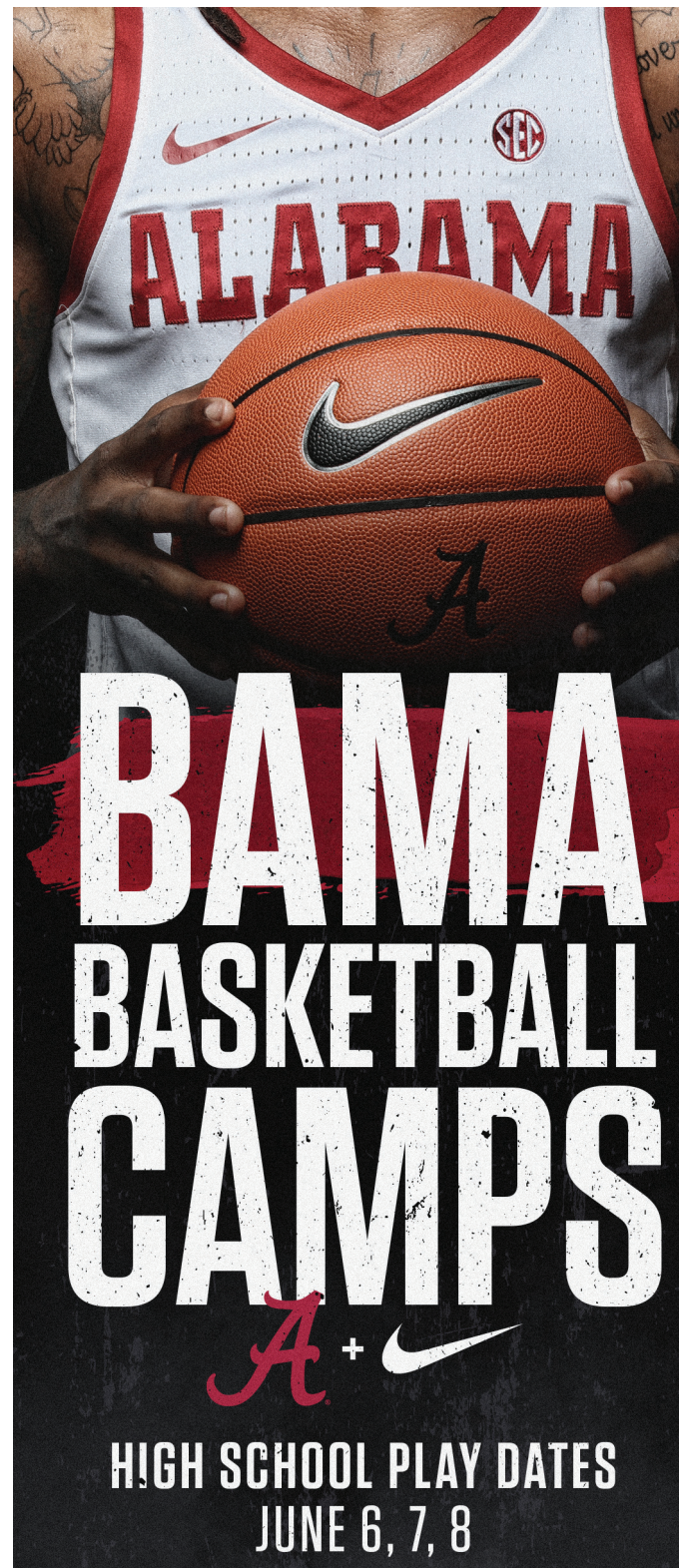
I understand that my child is voluntarily participating in a program/activity at The University of Alabama. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my 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 primary objective of the Alabama Basketball Play Date Camp is to provide a safe and competitive setting in which players and teams can improve through coaching and competition. There is a strong emphasis on individual skills, teamwork and sportsmanship.

Each HS or AAU coach will have the opportunity to coach his team over the course of several games, and the Alabama coaching staff will also provide encouragement and instruction to the campers. We hope that each camper comes away with both improved skills and a better understanding of the team concept. All camps are open to any and all entrants, limited only by age and the number of participants.

CAMP OPTIONS

PLAY DATE CAMP

All three dates are open to High School or AAU teams and will be split into three divisions: Large Varsity, Small Varsity, and JV

Session 1: Thursday, June 6

Session 2: Friday, June 7

Session 3: Saturday, June 8

Fee: \$300 per team

Price Includes:

- Three (3) guaranteed games
- Twelve (12) player t-shirts plus two coaches shirts
(*7 for each additional shirt)
- No meals will be included but concessions will be available for purchase throughout the day
(Teams will be able to order pizzas for pick up at Coleman Coliseum concession stand)

HOTELS

Receive a discounted group rate by booking through one of the following hotels:

Embassy Suites
205.561.2500
1 mile from campus

Hampton Inn East
205.562.9000
6 miles from campus

Hampton Inn University
205.553.9800
2 miles from campus

For more information about group rates, visit our website at www.bamabasketballcamps.com

EVERYTHING YOU NEED TO KNOW

SIGN-IN

Sign-in will be in the front lobby of Coleman Coliseum.

FACILITIES

Games will take place in four locations: Coleman Coliseum main floor, Men's Basketball Practice Facility, Foster Auditorium, and The University of Alabama Student Rec Center. All courts are hardwood and full air-conditioned.

DINING

No meals are provided. However, there will be food available for purchase at the camp concession stand.

SPENDING MONEY

Campers have access to the camp store where they can buy an assortment of soft drinks, Gatorade, snacks, candy, pizza, t-shirts, etc.

OFFICIALS

All games will be officiated by two to three certified AHSAA officials.

MEDICAL FORMS AND INSURANCE

Three forms MUST be submitted for each camper:

1. Youth Program Medical Information Form
2. Liability Waiver (available online)
3. Signed physical form from within the last 12 months

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

There will be a licensed 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.

QUESTIONS

Phone: 205-348-4551

Email: 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 or 205-348-3615

REGISTRATION

MAIL: BAMA BASKETBALL CAMPS

Box 870393, Tuscaloosa, AL 35487

ONLINE: BAMABASKETBALLCAMPS.COM

Registration Deadline is June 1, 2019.

Checks payable to **University at Alabama – Men's Basketball Camp**. Please send in a non-refundable team fee of \$50 with your application and team roster by June 7, 2018.

TEAM INFORMATION

HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COACH NAME: _____

COACH CELL PHONE: _____

COACH OFFICE PHONE: _____

EMAIL: _____

(Correspondence handled via email regularly.)

CHOOSE YOUR SESSION

PLAY DATE CAMP

SESSION 1 (JUNE 6)

- ☐ Large Varsity
☐ Small Varsity
☐ JV

SESSION 3 (JUNE 8)

- ☐ Large Varsity
☐ Small Varsity
☐ JV

SESSION 2 (JUNE 7)

- ☐ Large Varsity
☐ Small Varsity
☐ JV

NUMBER OF CAMPERS: _____

NUMBER OF COACHES (INCLUDING HEAD COACH): _____

ADDITIONAL PERSONNEL: _____

SCHEDULING REQUESTS: _____