

## 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

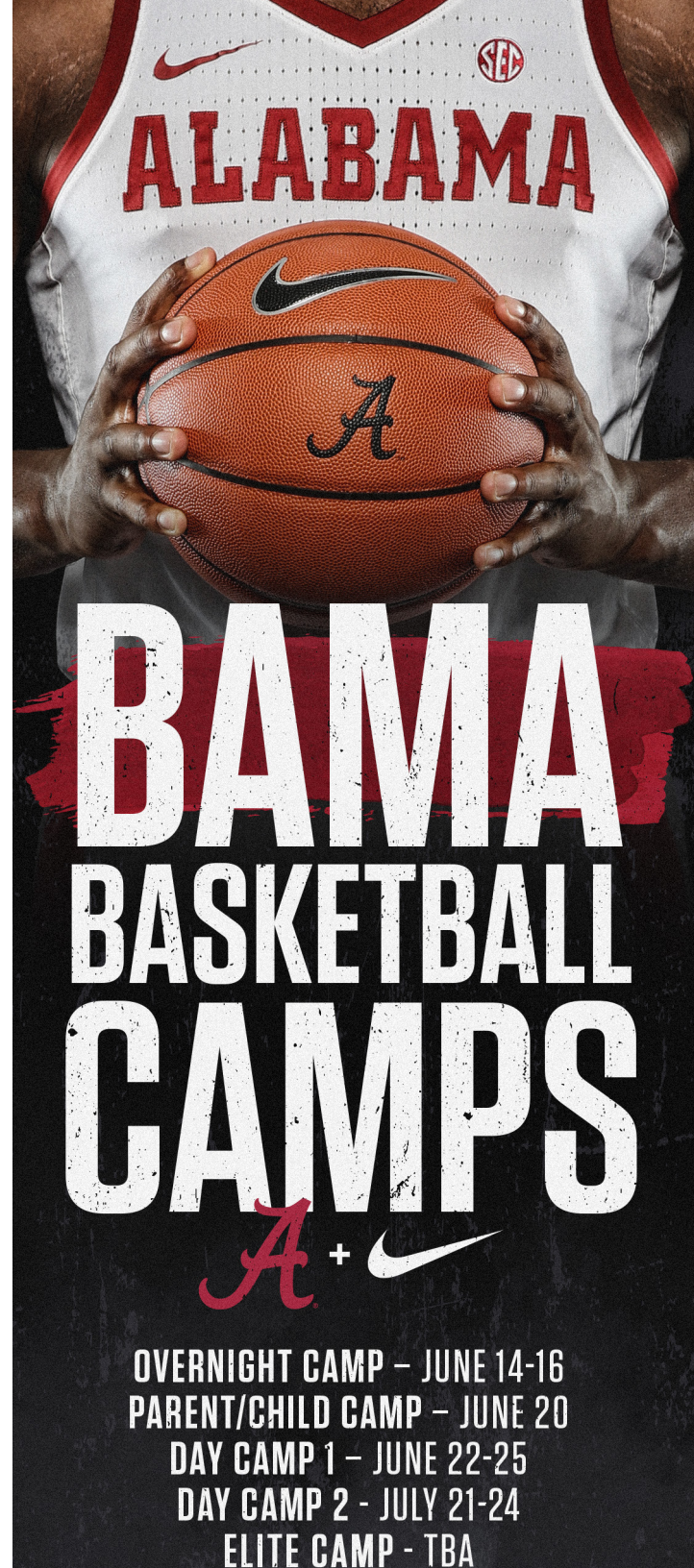
I understand that my child is voluntarily participating in a program/activity at The University of Alabama. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my 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 grade and the number of participants.

## CAMP OPTIONS

### OVERNIGHT CAMP

Dates: June 14th-16th  
Ages: Entering Grades 5th-12th  
Fee: \$400  
Price Includes: Housing, Meals, Gatorade, Personal Evaluation, Basketball, Camp T-shirt

### PARENT/CHILD CAMP

Date: June 20th  
Ages: Open to all ages  
Camp Hours: 9am-5pm  
Fee: \$115  
Price Includes: Lunch, Gatorade, Basketball, Camp T-shirt

### DAY CAMP 1 & 2

Session 1:	Session 2:
Date: June 22nd - 25th	Date: July 21st - 24th
Details: Entering Grades 1st-2nd (\$175 / 9am-12pm)	
Entering Grades 3rd & Up (\$350 / 9am-4pm)	

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

### ELITE CAMP

Date: TBA  
Ages: Entering Grades 9th & Up

## 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

\* 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

## 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

DAY CAMP 1, 2 and PARENT/CHILD CAMP  
Registration and Sign-In will start in the lobby of Coleman Coliseum. Please enter through the North (Main) entrance.  
Day Camp 1: June 22nd 7:00am - 8:45am  
Day Camp 2: July 21st 7:00am - 8:45am  
Parent Child Camp: June 20th 7:00am-8:45am  
Elite Camp: TBA

### OVERNIGHT CAMP

Registration and Sign-In will start in the lobby of TBD Dorm. Camp Registration is from 1:00 – 2:45pm on Sunday June 14th.

### FACILITIES

Camp activities will take place in three locations: Coleman Coliseum Main Floor, the Men’s Basketball Practice Facility, and the University Recreation Center. All courts are hardwood and fully air-conditioned.

### CAMP ATTIRE AND WHAT TO PACK

Overnight: All campers should come to camp in basketball gear: athletic shorts, t-shirt/jersey, socks, and shoes. Each overnight camper must provide his own bed sheets (Twin XL), blankets, sleeping bag, pillow, towels and toiletries. We strongly discourage campers from bringing much to camp - especially expensive items such as personal electronics (tablets, computers, headphones, speakers, etc.) or cash. There is very little time to do anything other than play basketball!

Day Camps & Parent/Child: 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. Due to a UA Policy change this money is NON-REFUNDABLE.

### MEALS

Day Camps 1 & 2  
UA will NOT be providing meals during camp, however we will be selling lunch items at our camp store daily.

Overnight Camp  
Meals will be provided to all overnight campers during their time at camp:  
Sunday, June 14th: Dinner  
Monday, June 15th: Breakfast, Lunch and Dinner  
Tuesday, June 16th: Breakfast and Lunch  
If your child has any food allergies, please make us aware ASAP by emailing [bamabasketballcamps@ia.ua.edu](mailto:bamabasketballcamps@ia.ua.edu).

Parent/Child  
All campers who attend the Parent/Child camp will be provided lunch by one of our local vendors.

## MEDICAL FORMS AND INSURANCE (MAIL IN REGISTRATION ONLY)

Two forms MUST be submitted for each camper:  
1. Youth Program Medical 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 trainer on duty for the entire duration of each camp in every gym.

## CANCELLATION AND REFUND POLICY

Submit requests to [bamabasketballcamps@ia.ua.edu](mailto:bamabasketballcamps@ia.ua.edu)  
There will be an administrative fee of \$50 for all cancellations. All refund requests must be submitted by the first day of each perspective camp. Any refund request submitted following day 1 of each camp will be subject to review.

## REGISTRATION

### MAIL: BAMA BASKETBALL CAMPS

Box 870393, Tuscaloosa, AL 35487

### ONLINE: BAMABASKETBALLCAMPS.COM

## CAMPER INFORMATION

NAME:		
AGE:	GRADE ENTERING 20-21:	
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

- |   |  |
|---|--|
| <b>OVERNIGHT CAMP</b><br><input type="checkbox"/> JUNE 14-16, \$400<br>Entering Grades 5 & Up | <b>DAY CAMP 1</b><br><input type="checkbox"/> JUNE 22-25, \$350 (Entering Grades 3 & Up)<br><input type="checkbox"/> JUNE 22-25, \$175 (Entering Grades 1-2) |
| <b>PARENT/CHILD CAMP</b><br><input type="checkbox"/> JUNE 20, \$115<br>Open to All Ages       | <b>DAY CAMP 2</b><br><input type="checkbox"/> JULY 21-24, \$350 (Entering Grades 3 & Up)<br><input type="checkbox"/> JULY 21-24, \$175 (Entering Grades 1-2) |

## QUESTIONS

Phone: 205-348-4551  
Email: [bamabasketballcamps@ia.ua.edu](mailto:bamabasketballcamps@ia.ua.edu)