

Basics Plus Wrestling Camp Physical Form

Dates Attending _____ Camp Format _____

Campers Name _____ Sex M____ F____ Age ____

Social Security Num. _____ Date of Birth ____/____/____

Home Address _____

Phone Num. (____) _____

In case of Emergency contact _____

Street _____ City _____

State _____ Zip _____

Home Phone (____) _____ Office phone (____) _____

If unable to reach the above, name & phone number of another responsible person:

Name: _____ Phone: (____) _____

Family Physician: _____ Office Phone (____) _____

Date of most recent tetanus Booster _____

Others _____

Please list any allergies that your child may have: medications etc.)

Important note: If your son or daughter is currently taking medication, they must bring it with them to camp and inform the head athletic trainer at camp about all aspects OF taking the medication including the reason.

Has your child had any of the following? If yes, please attach a brief explanation and treatment if necessary.

Asthma _____ Bleeding Disorder _____ Diabetes _____ Head Injuries _____ Fractures _____

Epilepsy _____ Heart condition _____ Surgeries _____ Severe sprains/strains _____

Check / Skin Disorders

Ring Worm _____ Herpes _____ Cold Sores _____ Impetigo _____

Include all pertinent Medical information - Explain below:

- 1) _____

- 2) _____

- 3) _____

- 4) _____

Insurance Information

Insured Name _____

Name of company _____

Address _____

Policy # _____ Phone Number _____

Important: Please notify the camp if this student has been exposed to any communicable diseases during the three week prior to attending camp.

Restrictions / Limitations while at camp / Please list

Parents Authorization

This health history is correct as far as I know, and the person herein described has permission to engage in all activities, except as indicated above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp medical staff to hospitalize, secure proper treatment as deemed necessary, for my son/daughter while he/she is in attendance at the Basics Plus Wrestling School.

Physicians Signature _____ Date _____

Parents Signature _____ Date _____