

MVP BASKETBALL CAMP HEALTH AND RELEASE FORM

Mail to P.O. Box 655 Croton Falls, NY 10519, or fax to (914) 380-6745

(Campers will not be allowed to participate without this form, completed and signed in both places)

Camper's Name: _____

Sex: _____ Birthday: _____ Weight: _____ Height: _____

Address _____

Parent or Guardian Phone numbers:

Home: _____ Work: _____ Cell: _____

Person to contact in the event I cannot be reached

Name: _____ Relation: _____ Phone: _____

HEALTH & GENERAL HISTORY: If the camper should be restricted from any activity please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage (If you need our Certified Athletic Trainer to hold and administer medication you also need to fill out our "Consent to Administer Medication Form" on the first morning of camp):

Please identify any medical condition or medical history that would require special attention:

I certify that the named camper is in good health and fully able to participate in all basketball camp activities with the exception of any specific restrictions described above.

Dated: _____ **Parent or Guardian:** _____

Please circle those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma Chicken Pox Pneumonia Diabetes High Blood Pressure

IMMUNIZATIONS		ALLERGIES		DRUG REACTIONS	
TYPE	DATE	TYPE	YES/NO	TYPE	YES/NO
Tetanus Toxoid		Hay Fever		Sulfa	
Polio Vaccine		Asthma		Penicillin	
Tuberculin Test		Eczema		Antibiotics	
Measles		Insect Stings		Aspirin	
Rubella		Nuts		Other	
Mumps		Other		Other	

Physician's Name: _____ Telephone _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical treatment if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the coverage for any medical treatment.

I ALSO CERTIFY THAT I HAVE REVIEWED THE MVP BASKETBALL CAMP CODE OF CONDUCT POLICY ON THE BACK OF THIS FORM (PAGE 2 ON INTERNET FORM) WITH THIS CAMPER AND HE/SHE FULLY UNDERSTANDS THE OBLIGATIONS STATED THEREIN AS WELL AS THE CONSEQUENCES FOR VIOLATING SAID POLICIES.

I further agree that MVP Basketball Camps, Inc. has the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Dated: _____ **Parent or Guardian:** _____

MVP BASKETBALL CAMP CODE OF CONDUCT

MVP strives to create a safe camp environment free of discrimination and harassment. Accordingly all campers and their parents are required to read this “Code of Conduct” statement to demonstrate their understanding of, and compliance with, MVP Basketball Camp’s behavior expectations from every child.

The parent/guardian will be required to certify that they have reviewed this policy with their camper(s) when they sign at the bottom of the MVP Basketball Camp Health and Release Form. Campers will not be allowed to participate without a signed form. We urge you to review the following information closely with your child. You are welcome to call Executive Director Noel Muyskens if you need any clarification.

MVP BASKETBALL CAMP PARTICIPANTS ARE REQUIRED TO:

1. Be active listeners, cooperate, and follow directions given by coaches, commissioners, directors, and guest speakers at all times in order to get the most out of the experience.
2. Respect the rights and beliefs of others, and treat fellow campers, coaches, as well as public and private property with the utmost respect.
3. Refrain from using rude, offensive, or generally bad language. Harsh verbal words, threatening tone of voice, foul language or offensive gestures will not be tolerated.
4. Keep their hands and bodies to themselves except in the course of normal basketball play. Unwelcome teasing, horseplay, hitting, fighting, bullying or harassment will not be tolerated.
5. Stay with their team at all times unless otherwise instructed by their coach. No child is permitted to leave the area where their team is playing without his or her coach’s permission.
6. Refrain from bringing firearms, fireworks, or weapons of any kind to camp.
7. Refrain from bringing to camp or using any illegal drugs, tobacco, or intoxicants of any kind. Prescription drugs must be sent with a note with clear instructions. A Certified Athletic Trainer is on duty at all times and can hold and administer medication if a “Medication Consent Form” is signed by the parent.
8. Be responsible for cell phones, PDAs or any other personal items kept in their possession. Bringing cell phones is discouraged. No lockers are available to campers at our facilities.
9. Know and understand these general camp rules, regulations and guidelines. They will be reiterated at a camp orientation session on Monday morning of each camp week.

CONSEQUENCES:

Our staff will immediately investigate all incidents. Should a child's behavior be deemed inappropriate, the camp staff will handle the situation with appropriate discipline practices. This includes “timeouts” from the team and notifying the parent(s). Furthermore, any child who does not or cannot respect his or her fellow campers, our staff, the environment, and/or the entire camp community – and who does not respond to our intervention - will be dismissed from MVP Basketball Camp immediately and permanently. There are no refunds in the event of a dismissal.